MARGIN RESERVED FOR BINDING

VS A15 9-45-15K

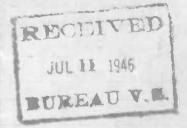
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

			1	3	
Reg.	Dist.	No.			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	State Maryland County
City or town	
How long in above place of death? 8 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1605 McCulloh Street
Crownsville State Hospital	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) tt veleran, name war
3. (a) FULL NAME  AGARD - MADELINE	3. (b) Social Security Number unknown
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female black married	20. DATE DE DEATH. June 30 19 46 at 7:00 4
St., Balto., Md. 6.(c) If alive, give age unk g. years  7. Birth dete of deceased (mo., day, yr.)  1891	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22  19 46  and that I tast saw h
8. AGE: Years   Months   Days   It less than one day	General Arteriosclerosis  DURATION Known to
55 unknown	us since
9. Birthplace unknown (Town, county, and state)  10. Usual occupation unknown  11. Industry or business	Due to
	Diher condilions Psychosis with Other Somaticknown to
	Diseases - Diabetes Mellitus 6/22/46 (Include pregnancy within 8 months of death)
14. Maiden name unknown  15. Birthplace unknown	Major findings of operations.
16. Informant Hospital Records	Autopay results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cromsville, Paryland  17. Burial Bate thereot July 5, 1946  (Burial cremation, a ramoval Which?)  Cemetery or crematory.  Location Suttingue Willer  18. Funeral directorus, Guny UV, Stulland  Address 1631 Auruf Utill Che.	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
19	Address



VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.

(15600 25

#### CERTIFICATE OF DEATH

	1-0	CERTIFICAT	E OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH!	roundil	le State Hospila	2. USUAL RESIDENCE (HO	
city or town Co	wasvil	le, Ad	State Mac.	County
(If outside et	111100	IRAL and give nearest town)	City or town.	Down limits, write RURAL and give nearest town)
Hospital, institution, or street ad			Street No. 1019	earlit.
		200 2 1000		frural, give LOCATION)
How long in hospital or institution	on? Hug. 16,1	77- June 29, 199	2.(a) If veteran, name war	
3. (a) FULL NAME Do	rothy A	Heen		3. (b) Social Security Number
4. Sex / 5. Colo	r or race 6.(a) Single	married, widowed, or divorced.	MED	ICAL CERTIFICATION
fluale co	Coud 26	fest tel	20. DATE OF DEATH	ce 29 19 46 at 1 p, 11
8.(b) Name of husband or wife	mulle	ortu	1.	the date above stated; that I altended deceased from
1927	<del>-</del>	It alive, give ageyears	Auy 16, 19	1 10 flese 6 9 1946
7. Birth date of deceased (mo., day, yr.)	922		and that I last saw hative	
	onths Days	If less than one day	Immediate cause of death	esse Tuberacla C Anill
74				1986-
Md			Due to	mer 19
9. Birthplace	(Town, county, and st	ate)	DUS 10	1946
10. Usual occupation		***************************************	Due to.	7-7-3
11. Industry or business			р. р	
12. Name Ja 13. Birthplace	ues Al	LL	Other conditions of	Millia a
₹ 13. Birthplace	sukre	m		by within 3 months of death)
# 14. Malden name	, o Co	Forles		
15. Girthplace	1. 16c	ears -	Major findings of operations	Date of op.
16. Informant	' ' ' 0	Reamal	Aatopsy results	
110	1/01/00	5000-11		cause to which death should be charged statistically.
Address Com	os ville	July Hory	22. VIOLENCE: If death was due to	external causes, till in the tollowing;
(Burial, cremation, or remo		(month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory	no du	Mun	Where did injury occur?	ty or town) (County) (State)
Location	Balta	Mel		lic place (where?)
0	a med	8 Bruss	Means of Injury	Injured at work?
18. Funeral director				King K. O
Address / C	wmon	1 druges	23. SIGNATURE	1 y marinor
19. (Date reed by registrar)	19 × 6 A	W. Hedru	Address Crove	1 V lle Day Select 1 30, 194

Address.

VS A15

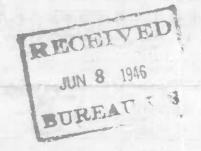
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore /3-

## CERTIFICATE OF DEATH

40560128 Reg. Diat. No.

1. PLACE OF DEATH:  County Anne Arundel County	(For newborn infants give reaidence of mother)		
	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)  7 years 20 days	City or town Baltimore City (If outside city or town limits, write RURAL and give near		
Nospital, institution, or street address where death occurred:	Street No. unknown		
Crownsville State Hospital		/	
How long to hospital or institution? 7 years, 20 days	2.(a) It veleran, name war		
3. (a) FULL NAME BARNES - DAISY	3. (b) Social Security 1	Yumber	
4. Sea   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female black single (?)	20. DATE OF DEATHJune. 2.	. 7:30 A.	
6.(b) Name of husband or wife	20. DATE DF DEATH. JUIL 2. 19. 19. 21. I CERTIFY that death occurred on the data above stated; that I attended decea May 12. 19. 39. to June 2. and that I last saw h. er. alive on June 2.	sed trom	
deceased (mo., day, yr.) 1912	Immediate cause of death		
8. AGE: Years   Months   Days   It loss than one day	Pulmonary Tuberculosis	Known to	
34 unknownhrsmin.	(Cold abscess)	us since	
9. Birthplace	Due to.	4/9/44	
11. Industry or business		,,,	
置 12. Name unknown	Dther conditions Dolla 20 All Cliff December 20 Control of the Conditions Dolla 20 Children Conditions	Known to	
12. Name unknown 13. Birthplace unknown	Tyne	5/12/39	
14. Malden name_unknown  15. Birthplace unknown	(Include pregnancy within 3 months of death)  Major fiadings of operations.		
🖹 15. Birthplace unknown	Date ot op		
16. Intermant Hospital Records	Autopsy results		
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Buried  (Burial, cremation, or removal, Which?)  Cemetery or crematory.  St. Peter   S.	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide	(State)	
	(City or town) (County)	(State)	
Location Baltimore, Maryland			
18. Funeral director George G. Kelson	Moens of Injury Injured at work?	0	
Address 1303 Presstman St., Baltimore, Md.	23. SIGNATURE M. D. C.	112	
19. Date rec'd by registrar)  Registrar	Address Crownsville, Maryland Date signed	6/2/46	



2411 N. Charles St., Baltimore 30d

05602

#### CERTIFICATE OF DEATH

4				40-
	Rev.	Dist.	No.	2-8

8. AGE: Years 41 2 24 — hrs. — min.  9. Birthplace. Maryland (Town, county, and state)  10. Usual occupation. Laborer.  11. Industry or business unknown  12. Name. Jerry Barnes  13. Birthplace Maryland  15. Birthplace Maryland  16. Informant Hospital Records  Address Crownsville, Maryland  17. Buried (Burlal, cremation, or removal, Which) (month) (day) (year)  Cametery or crematory. Fairview Cemetery  Location Frederick, Maryland  Injured al home, arm, industry, public place (where?) (state)		CERTIFICA	IE OF DEATH	Reg. Dist. No.	2
City or lown. Crowns wille. Maryland  Wor lose in barry late of death? Lyr, 3. mos. 10 days  Respital nature place of death? Lyr, 3. mos. 10 days  Respital nature place of death? Lyr, 3. mos. 10 days  Respital nature place of death? Lyr, 3. mos. 10 days  BARNES - SAMUEL HARRY  4.5sa	1. PLACE OF DEATH: County Anne Arundel Cou	nty			
Street No.   113 East Fifth Street	City or lown	yland ite RURAL and give nearest town)	Frederick		
BARNES - SAMUEL HARRY  4. Sas	Hospital, institution, or street address where death occurred to the Crownsville State Hospital State	spital	Street No. 113 East Fift!	h Street	
BARNES - SAMUEL HARRY  4. Sas	How long in hospital or institution? 1 yrs,	3 mos, 10 days	2.(a) If veleran, name war	<del> </del>	V
male black single  8.(6) Name of husband or wife  8.(6) Name of husband or wife  8.(6) Name of husband or wife  9. Sirib date of deceased (mo., day, rr.) March 25, 1905  8. AGE: Years Months Days If less than one day 2 4 —— hrs. —— min.  9. Sirib place Maryland (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business unknown  12. Name Jerry Barnes  13. Biribplace Maryland  14. March Place Maryland  15. Biribplace Maryland  16. Informant Hospital Records  Address Crownsville, Maryland  17. Buried (Burla, cremation, or removal, Whileb)  18. Due to the conditions of death (month) (day) (year)  Cemetery or crematory. Fairview Cemetery  19. Due to the conditions of the cause to which death should be charged statistically. Accident, suicide, or homicide. — Oate of op.  19. Due to the conditions of the cause to which death should be charged statistically. Accident, suicide, or homicide. — Oate of op.  20. Date of DEATH June 19  21. ICERTIFY that death occurred on the date above stated: that I alleaded deceased from March 19  21. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  21. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  21. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  22. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  22. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  22. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  23. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  24. Licentify that death occurred on the date above stated: that I alleaded deceased from March 19  25. Licentify that I all cold on the licentific that I alleaded ceased from March 19  26. Licentify that I alleaded ceased from March 19  27. Licentify that death occurred in the date ab	3. (a) FULL NAME				umber
6.(6) Name of husband or wife  5.(c) If alive, give age  5.(c) If alive, give age  7. Buth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Oays   (f less than one day   Address   Address   Crownsville   Comonth) (day) (year)   Complete   Comonth) (Comonth) (day) (year)   Complete   Comonth) (Comonth) (Comont	4. Ses   5. Color or race   6.(a)	Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
8. (b) Name of husband or wife  5. (c) If alire, give age  7. Birth date of deceased (mo., day, yr.)  8. AGE: Vears   Months   Oays   If less than one day   19. 45   10. June 19   19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	male black	single	20. DATE OF DEATH	19. 46	12:05P
1. Burh date of deceased (mo. day, yr.) March 25, 1905  8. AGE: tears Months Days If less than one day 41 2 24 —— hrs. min.  9. Birthplace. (Town, county, and state)  10. Usual occupation. Laborer unknown  11. Industry or business unknown  12. Name. Jerry Barnes  13. Birthplace Maryland  15. Birthplace Maryland  16. Informant Maryland  17. Buried Date thereof. June 21, 1946. (month) (day) (year)  18. Crownsville, Maryland  19. Buried Date thereof. June 21, 1946. (month) (day) (year)  Cemetery or crematory. Fairview Cemetery  Location Frederick, Maryland  19. Sirthplace ward, and that I last saw h im alive on June 19  18. Inmediate cause of death General Pares is  Oue to. Due to			21. I CERTIFY that death occurred on the date abo	ove stated; that lattended decease 45 to June 19	ed from
Second content of the content of t	7 Right date of		and that I last saw h im alive on Ji	une 19	19A
8. AGE: Years   Months   Days   If less than one day   General Paresis   Known to   Is since	deceased (mo., day, yr.) March 25,		Immediate cause of death		DURATION
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation Laborer Unknown  11. Industry or business Unknown  12. Name Jerry Barnes  13. Birthplace Maryland  14. Maiden name Maryland  15. Birthplace Maryland  16. Informant Hospital Records  Address Crownsville, Maryland  17. Buried (Burial, cremation, or removal, Which)  Cemetery or crematory Fairview Cemetery  Location Frederick, Maryland  18. Informant Oate thereof June 21 1946 (month) (day) (year)  Cemetery or crematory Fairview Cemetery  Location Frederick, Maryland  Due to  Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.  Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide Oate of Occupanty) (State)  Where did injury occur? (City or town) (County) (State)	o. Auc.		General Paresis		known to
9. Birthplace Mary land (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business unknown  12. Name. Jerry Barnes 13. Birthplace Mary land 14. Maiden name. Maryland 15. Birthplace Maryland 16. Informant Hospital Records Address Crownsville, Maryland  17. Buried (Burial, cremation, or removal, Which)  18. Crownsville, Maryland  19. Cemetery or crematory Fairview Cemetery  Cemetery or crematory Fairview Cemetery  Location Frederick, Maryland  Due to.  Oue to.  Other conditions  (Include pregnancy within 3 months of death)  Major fiudiogs of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Oute to.  (Include pregnancy within 3 months of death)  Major fiudiogs of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Oute of Op.  City or town) (County) (State)	41 2 2	4 hrs. min			is since
11. Industry or business unknown  Jerry Barnes  12. Name Jerry Barnes  13. Birthplace Maryland  14. Malden name Maryland  15. Birthplace Maryland  Major findings of operations  PHYSICIAN: Please underline the cause to which death should he charged statistically.  PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Oate of op.  Accident, suicide, or homicide.  Oate of op.  Accident, suicide, or homicide.  Oate of op.  (City or town) (Country) (State)  Injured al home, tarm, Industry, public place (where?)			Due to		3/9/45
Is. Birthplace Maryland  Elizabeth ?  14. Malden name.  Major findings of operations.  Authorsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of op.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of op.  Cemetery or crematory.  Fairview Cemetery  Location.  Frederick, Maryland  Injured al home, farm, industry, public place (where?)	11. Industry or business unknown		Oue to		••••••
Elizabeth ?  14. Malden name.  Maryland  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of op.  Cemetery or crematory.  Cemetery or crematory.  Fairview Cemetery  Location.  Frederick, Maryland  Injured at home, farm, industry, public place (where?)	Jerry Barnes		Other conditions.		***************************************
14. Malden name.  Maryland  Major findings of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Cemetery or crematory.  Cemetery or crematory.  Fairview Cemetery  Location.  Frederick, Maryland  Major findings of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)		?	(Include pregnancy within 3	months of death)	
Hospital Records  Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Cemetery or crematory. Fairview Cemetery  Location. Frederick, Maryland  Date thereof. June 21, 1946. (City or town)  Where did injury occur? (City or town) (County) (State)	14. Malden name				
17. Buried (Burlal, cremation, or removal, Which?)  Cemetery or crematory Fairview Cemetery  Location Frederick, Maryland  Date thereof June 21, 1946 (month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (City or town) (County) (State)	16. Informant Hospital Rec		Autopsy results	hich death should he charged s	tatistically.
Location Frederick, Maryland Injured at home, tarm, Industry, public place (where?)	17Buried Oat (Burlal, cremation, or removal, Which?)	e thereof. June 21, 1946 (month) (day) (year)	Accident, suicide, or homicide	Oate of	
LOCATION					(State)
			Means of thiery	tnjured at work?	
18. Funeral director. M. R. Etchison & Son	15. runeral director		INKA!	mostoka	de
19. Line 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	10 June 19 19 H	7.7 Joyce Loce	4C		

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

RECEIVED

JUN 21 1946

BUREAUTE

2411 N. Charles St., Baltimore (97)

## CERTIFICATE OF DEATH

1. PLACE OF-DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County. A. Agra Ch	(For newborn Infants give residence of mother)	
City or town	State Made County A. a. Co.	
	City or town	
How long in above place of death?		rest town)
nospital, institution, or street address where death occurred.	Street No Mains + Candones	COL
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security I	Number
Nous Bauer		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1,-
male white rundowed	20, DATE OF DEATH June 27th 1946	19 TA.
man 7	21. I CERTIFY that death occurred on the date above stated; that tattended decea	and from
6.(b) Name of husband or wife	19. 42. 10. JAco 27	10 46
7. Birth date of	and that I last saw h. Line alive on Jime	1946
deceased (mo., day, yr.) March 3. 1853		
8. AGE: Years, Months Days It less than one day	Immediate cause of death. Greene artaro	DURATION
94hrsmin.	Elitors : E Carelal	1 trans
	degeneration -	
9. Birthplace Maly Land (196wn, county, and state)	Duo to Refusal & Lah	7 weeks
-1132 th (P-1:-1)		
10. Usual occupation	Docto Forge deception U Caro	3 1400
11. industry or business		***************************************
12. Name Dahny Dauled  13. Birtholace Glermany	Dither conditions	
13. Birthpiace Germany		
14. Maiden name Katherina Freihner	(Include pregnancy within 3 months of death)	
El LA	Major findings of operations.	
≥ 15. Birthplace	Date of op.	
16. Informant Mu Garl W. Bauer	Autopsy results.	
Address Main + Eludone Rel - Shipley	PHYSICIAN: Please underline the cause to which death should be charged a	statistically.
Busine 1/3/2/11	22. VIOLENCE: If death was due to external causes, till in the following;	
(Burial, cremation, or removal. Which?)  Date thereof (ponth) (day) (year)	Accident, suicide, or homicide Date of	
Cemetery or crematory Oldan Mell	Where did injury occur?	(State)
Par 1: 131-1	Injured at home, farm, industry, public place (where?)	
Location Annaghtus Strat	Means of Injury	
18. Funeral director form I Klenny Suc	mestis of injury	
Address	1 10 10 TO	
1/2 1/ 1/ N/ N/	23. SIGNATURE TE SENT I Teller	e other /
19. (Date red d by registrar) 19. (S. A.) (Date red d by registrar)	Three 18 - 46 - 173 Real	et berg
(Date red in y registrar)	Address	

VS A15

ARGIN RESERVED FOR BINDING

Dr. Butler

8

2411 N. Charles St., Baltimore (59)

# CERTIFICATE OF DEATH

(15604 Neg. Dist. No. ...2/

	2411 N. Charle	es St., Baltimore 159	0.5604
	CERTIFICAT	E OF DEATH	Reg. Dist. No. 2/
1. PLACE OF DEATH:  County	17-4	2. USUAL RESIDENCE (HOME)  (For newborn infants give residence  State AND EUF 2.  (If outside city or town fir	County RUNDS RUNDS RUNDS RICHARD RUNDS RUN
How long in hospital or institution?	epilal		rive LOCATION)
3. (a) FULL NAME Suty St	ul Beer	6	3. (b) Social Security Number
T. O Prest To	erried, widowed, or divorced		CERTIFICATION
6.(b) Name of husband or wife	0	21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	allve, give age years  1946		19
	if less than one day	Born at 5 mon	netro
9. Birihpiaca	i md.	Due to. Prematu	e 4 monto
10. Usual occupation		Due to	
1. Industry or business  12. Hame	ech	Dther conditions	
13. Birthplace Coffee d	Stitz	(Include pregnancy within	
15. Birthplace Baltimo	ie md	Major findings of operations.	
16. Informant Gall Winds	as 6 mis	Autopsy results	which death should be charged statistically.
(Burist, cremation, or remetal, Whiten)	2 1974 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	
Cemelery or crametory	Amapolis / Ul	Where did injury occur?(City or tow	
Location Loc	wly & Son	Injured at home, farm, Industry, public place Meens of Injury	injured at work?
Address Comeater	e me.	23. SIGNATURE LENGE	C Beril
19, Sure rec'd by registrar)	O Company train	Address ampli	M. D. or other  Date signed 6 - 1 - 4.

W

MARGIN RESERVED FOR BINDING

VS A15

JUN 4 1946 BUREAU V . The clerk in the record room of the Emergency Hospital called to say the Mother of this child is quite upset that the name Elizabeth was left off this certificate. Will. you please see that the Name ELIZABETH BECK is put on this.

MARGIN RESERVED FOR BINDING

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

# CERTIFICATE OF DEATH

1.5605

Reg. Dist. No. 21

1. PLACE OF DEATH:  County True decinded	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
1 22	State Drid. County Exerce Keneges	
(If outside city of town limits, write RURAL and give nearest town)	City or town Upper marelbano,	
How long In above place of death?	() outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME. Truckael Relves Blan	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m. W. Single.	20. DATE OF DEATH LUNCL 23 = 1946 , at 3 P M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	aod lhat I last saw halive on	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
4 6 10	asiste delatition of	
	The feach. First mente	
9. Birthplace (Town, country and state)	Due to Jamehed but new house	
10. Usual occupation		
11. Industry or business)	Due to	
	Dither conditions	
12. Name Selves Bloudford  13. Birthplace Salvington State		
	(Include pregnancy within 8 months of death)	
14. Maiden name Legeria Mondoeff 15. Birthplace Emmitshing, Ind.	Major findings of uperations.	
Z   15. Birthplace		
16. Intermental Reveal Statesfood	Autopsy results.	
Address Seppen marlbons.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
17 Bould Bate thereof 6 - 76 - Fla	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)	
Location Dayles Inostolo, md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director The Tolkie Brok	Means of Injury Injured st work?	
Address They Track they	le to D. D. Nud.	
	23. SIGNATURE	
Date ree'd by registrar)	Addres Islew Burnel Mis Date signed 6/2 2/46	

W.

JUN 25 1946
BUREAU V B

M. D. or other

Date signed 52 4 1 3 x 16

Reg. Diat. No.....

PLEASE WRITE PLAINLY, is especially

VS A15

Address

Address

Cemetery or cremator

ate rec'd hy registrar)

(Burial, cremstion, or removal, Which?)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Bayd 3. (b) Social
20. DATE OF OEATH
Immediate cause of death.
Due to Due to The transfer of
(Include pregnancy within 3 months of death)  Major findings of operations.  Date  Autopsy results.

Date thereof...

(month) (day) (year)

W.

Address.

Street No. Caral Mal	<u>L</u>
2.(a) If veteran, name war	
3. (b) 5	ocial Security Number
MEDICAL CERTIFIC	
21. I CERTIFY that death occurred on the date above stated; the	at I attended deceased from
19 H., 10.	7 + Jan 19 + C
and that I last saw halive on	former of the
Immediate cause of death	OURATION
Canto hinder with hinder and his him manager	and to formation
( file or his file work for his de	sist in the
Oue to.	
areste introffer	Zerrington (sperjenson)
Due to.	412
Sappling Wills	
Other conditions	
(Include pregnancy within 3 months of de	ath)
Major findings of operations.	milimife main and his way
	Date of op
Autopsy results.  PHYSICIAN: Please underlise the casse to which death s	hold be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in th	ne following:
Accident, suicide, or homicide	Dato ot
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (where?)	***************************************
Means of Injury In	ured at work?

(If outside city or town limits, write RURAL and give nearest town)

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JUN 26 1946
BUREAU V.S.

(	M	)
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CE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARC	, WITH UNFAI
(I)	WITH
9.45.15	WRITE PLAINLY,
VS A15	PLEASE
>	P

CERTIFICAT	TE OF DEATH Reg. Dist. No.	21
1. PLACE OF DEATH:  County  City or town.  (If outside city or cown limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  Constitution or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State	
3. (a) FULL NAME Williams Thene	y Bayd 3. (b) Social Security	Number - 5934
Male White Marised Warred	MEDICAL CERTIFICATION  20. DATE OF DEATH.  19 14	12 9
6,(b) Name of husband or wife Marganet B. Bayd  6,(c) If alive, give age years	21. I CERTIFY that death occurred in the date above stated; that I attended decided the date above stated; that I attended decided the date above stated; the state of the date above stated; the state of the date above stated; the date above stated in the date	
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  11 13	Immediate cause of death  Ceronary Leufolcom	DURATION
9. Birthpiace	Due to  Due to  Due to  Due to	2 year
11. Industry or business  12. Name	Dither conditions	
16. Informant Mus W. H. Bay L  Address Tyles and Carthart	Major findings of operations	statistically.
17. But 18 19 19 19 19 19 19 19 19 19 19 19 19 19	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)
18. Funeral director. J. Seeds Marcel  Address Filelian & Dole - Md.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	) ,
19. Opate ree'd by registrar)  Opate ree'd by registrar)	23. SIGNATURE M. D.  Address. Housepolis, The Date signed	6/3/46

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# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

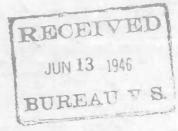
The correct age

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
	State County County
(If outside city or town limits, Write RURAL and give nearest town)	and a consolidation
low long in above place of death?2.5 great	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. 24 monroe Cevel
Emergency 2/copeled	(If rural, give LOCATION)
How long in hospital or institution? 1.2. House	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles W. 13	mosks
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
on w m.	20. DATE DE DEATH. June 10 19 46, at 10
8.(b) Name of hueband or wife Elay Calette Brooked	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
1 41	Joen 1976 10 June 10 19
7. Birth date of	and that that saw h M. alive on
deceased (mo., day, yr.) merch 19-1877	Immediate capse of death
8. AGE: Years   Months   Days   If less than one day	manay Collaron
1.79 2 21hrs.	
a di di m	Clarke Actions
9. Birthplace(Toy'n, county, and state)	Due to
10. Ueual occupation Putered	
	Due to
11. Industry or business	
12. Name / ROZLLAY / Just /	Dther conditione
13. Birthplace and sline	
E Olubra Cu	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of uperations.
2 15. Birthplace Whenever	Date of op.
18. Informant Eligabeth Brooks	Autopsy results.
and a second	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 24 (Mourot Court	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Padra 130alo	Where did injury occur?
Cemetery or crematory	
Location and opeling and	Injured at home, farm, Industry, public place (where?)
My Losebill	Means of Injury Injured at work?
18. Funeral director.	
Address Cassel Well Color	All of last
Address	Mag CIGNATURE
19. June 12 19. 46.	23. SIGNATURE M. D. or other



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore





05609 /

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Anne Arundel County  County			County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Charles		
			Marvlar	nd			
City or town	(If outsid	e city or town l	mite, write R	URAL and give nearest town)	City or town		
How long in abo	ove place of de	eath?	death assumed		(If outside city or town limits, write RURAL and	give nearest town)	
Hospital, Institu	ownsvi	t address where lle Sta	te Hosp	ital	Street No. Unknown (If rural, give LOCATION)		
How long in ho	spital or inst	lution? 8 y	ears, 8	days	2.(a) if veteran, name warunknown		
3. (a) FULL		•			3. (b) Social Se	ecurity Number	
	I	BROWN -	JAMES I	RAYMOND			
4. Sex	5.	Color or racs	6.(a)Singt	e, married, widowed, or divorced	MEDICAL CERTIFICATION	N	
male		black	s	ingle	20. OATE OF DEATH June 18 19	46 .18:30 A	
6.(b) Name of	husband or w	lfe		-	21. I CERTIFY that death occurred on the date above stated; that I attem June 10	ded decsassd from	
7. Birth date of	f		8.(0	e) If alive, give ageyears	and that I last saw h im alive on June 18	19.46	
deceased (m	io., day, yr.)	1910			Immediate cause af death	DURATION	
8. AGE:	Years 36	Months	Days DOWN	If less than one day	Lung Tuberculosis	Known to us since	
	70	uiin	TOWN	hrs. min.		5/4/44	
9. Birthplace.		Marylan (Town	d county, and	state)	Due to		
10. Usual occ	upation			***************************************	Due to.		
11. Industry or		771					
12. Name 13. Birthp		lliam E	rown		Other conditions Schizophrenia		
	III TO	aryland			(Include pregnancy within 3 months of death)	us since	
H 14. Maide	n name Es	stelle	?			0/10/30	
14. Malde 15. Birthp	ur	nknown			Major findings of operations.		
	He	ospital	Records	3	Autopsy results.		
16. Intermant.		<del>T</del>		***************************************	PHYSICIAN: Please underline the cause to which death should be	charged statistically.	
Address	C	rownsvil	le, Man	ryland	22. VIOLENCE: If death was due to external causes, fill in the following	ıg;	
17. Bu	ried	removat. Which:	Date ther	eof June 20, 1946 (month) (day) (year)		of	
					Where did injury nears?	(State)	
Cemetery or crematory Zion Weshey							
Location Waldorf, Maryland			ryland		Injured at home, tarm, Industry, public place (where?)		
18. Funerat d	lrector Hu	int & Ry	an		Mesns of Injury Injured at w	ork?	
Address		rf, Mary			Ind Hand	Pag De	
Audress /	.0	1	1 77	1000	23. SIGNATURE	M. D. or other	
19. (Date rec	d by registr	19	6 101	A SASARO	Address Crownsville, Maryland Date	signed 6/18/46	

E. F. Joyce micusville mil

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JUN 22 1946

BUBEAU V.S.

2411 N. Charles St., Baltimore 304

# CERTIFICATE OF DEATH

			6	8
85.	Dist.	No.		

	Reg. Dist. No.
1. PLACE OF DEATH: County Anne Arundel County City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year, 16 days Hospital, Institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 1 year, 16 days  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore  City or town Dundalk (If outside city or town limits, write RURAL and give nearest town)  Street No. 117 Chestnut (If rural, give LOCATION)  2.(a) If veteran, name war.  3.(b) Social Security Number
BROWN - LEMON	
Male black single (?)	MEDICAL CERTIFICATION  2D. DATE OF DEATH June 25. 1946 at 11:25
6.(b) Name of husband or wife	21. I CERTIFY thal dealh occurred on the date above stated; that lattended deceased from  June 9, 19.45 to June 25, 19.46  and that last saw h im alive on June 25, 18.46  Immediate cause of death General Paralysis DURATION  of the insane Known
9. Birthplace	Due to US Since 6/18/4
11. Industry or business    12. Name	Due lo
14. Malden name Unknown 15. Sirthplace Virginia	Major findings of operations.  Date of op.
Address Crownsville, Maryland  17. Crownsville, Maryland  18. Funeral director Office  Address Powersonle  Address Powersonle  Address Powersonle  Address Powersonle	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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JUL I 1945 BUREAU V.B.

2411 N. Charles St., Baltimore 13.2



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#### CEDTIFICAT

			CERI	IFICAL	E OF DEATH Reg
1. PLACE OF DEA	own sville, utside etcy or town lived death?	Marylamits, write R	and CURAL and give near nos.,24da l:	ys	2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)  State Maryland County P  Croome  City or fown (If outside city or town limits, write RUF  Street No. (If rural, give LOCATION)  2.(a) If reteran, name war
J. (G) I OLL HAMI		EVELY	V		3. (b) S
4.Sex female	5. Color or race black		e, married, widowed, or single	divorced	MEDICAL CERTIFIC
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	1018				21. I CERTIFY that death occurred on the date above stated; the October 29 19.37 to and that I last saw here alive on June 2
8. AGE: Years 29	Months	Days nowin	If less than one da	y	Immediate cause of death Lung Tuberculosis
9. Birthplace	none				Due to
13. Birthpiace	unknown unknown				Other conditions Schizophrenia - Cat Type (Include pregnancy within 3 months of de
Fannie (Butler?)  14. Malden name unknown  Hospital Records					Major findings of operations.
Address  17. (Burial, cremation, Cemetery or cremato Location	Crownsvil	******	ryland		Autopsy results PHYSICIAN: Please underline the cause to which death sh  22. VIOLENCE: If death was due to external causes, fill in th Accident, suicide, or homicide  Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?)  Meens of injury
Date rec'd by res	ristrar)	27	roga	Registrar	Address Crowns ville, Waryland

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HC (For newborn infants give r	DME) OF DECEASED:
	County Prince George's
City or town(If outside city or	town limits, write RURAL and give nearest town)
H	rural, give LOCATION)
EACO, II TELEVISIS, HAINO WALL	3. (b) Social Security Number
	CAL CERTIFICATION  3 19 46 , at 8:30 %
21. I CERTIFY that death occurred on October 29	the date above stated; that I ettended deceased from 19.37 to June 23 19.46
and that I last saw h	June 23 18 46
Immediate cause of death	losis Known to
	us since 5/15/45
Type	renia - Catabonic Known to

Major findings of operations	
	Date of op.
	canse to which death should he charged statistically.

(Include pregnancy within 3 months of death)

2. VIOLENCE: If death was due to external causes, fill in the following; coldent, sulcide, or homicide.

here did injury occur? ..... (City or town) (County) jured at home, farm, Industry, public place (where?) .....

jured at work?

JUL 1 1946

BUREAU VE

2411 N. Charles St., Baltimore 937

### TITICATE OF DEATH

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M	The correct age
8	nformation carcfully. of death clearly and l
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
I	WITH
VS A15 9.45-1	WRITE PLAINLY, is especially
VS A15	PLEASE

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	
1. PLACE OF DEAT Anne A	arilla Ma	wer law	nd	2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of Maryland State	OF DECEASED:	7 <sub>12</sub> -
(If outs  Itow long in above place of Hospital, institution, or sin	death? 21 yrs	s, write RI 3 n th occurred:	JRAL and give nearest town) 10S, 6 days	City or town Baltimore  (1f outside city or town limit  Streel No. 1706 Mosher Street	te maite DUDAI and give n	
How long in hospital or in	stilulion? 21 yrs	, 3 n	nos, 6 days	(If rurai, giv	re LOCATION)	
3. (a) FULL NAME	BUTLER - JO				3. (b) Social Security	Number
female	black		, married, widowed, or divorced rried	MEDICAL C	CERTIFICATION	. 6:00 A.
8.(b) Name of husband or 7. Birih date of			) If alive, give age unk • years	21. I CERTIFY that death occurred on the date at February 25 18 and that I last saw here alive on June	bove stated; that lattended dec	ceased from
deceased (mo., day, yr.)  8. AGE: Years 84	1862	Days ) WI1	It less than one day	Immediate cause of death	************************************	DURATION Since 193
J. Dittilpare	aund ress	inty, and a	tate)	Due to		
12. Name	unknown unknown	***************************************		Other conditions Senile Psych		Known to us since 2/25/25
14. Malden name	unknown unknown			Major findings of operations		
16. Informant	Hospital Re Crownsville			Autopsy results	which death should be charge	d statistically.
17(Burial, cremation, o	r removal, Which?)	Date there	22-16	22. VIOLENCE: It death was due to external c Accident, suicide, or homicide	Dale of	(State)
Location	Ito:	my.	Kelson	Injured at home, farm, Industry, public place (		
Address / 3 (	13 Pro	ess.	W. Hedri	23. SIGNATURA 23. Address Crownsville, Mar		o, or other
(Date reg'd by regis			Registrar	Address Of Owles VILLE, Mai	y Lailu Date signer	6/1/46

2411 N. Charles St., Baltimore 93-0



## CERTIFICATE OF DEATH

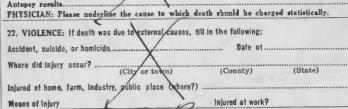
Reg. Dist. No. RESIDENCE (HOME) OF DECEASED:

1. PLACE OF DEATH:	2. USUAI
County A 22 miles and I have the	(Fer I
City or town Parall mile	State
(If outside city or town limits, write RURAL and give nearest town)	City or town
Now long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) If vete
3.(a) FULL NAME	•

	County
or town	(If outside city or town limits, write RURAL and give nearest town)
	(11 outside city or town limits, write RURAL and give nearest town)
et No	
	(If rural, give LOCATION)
If votor	n nama war

How long in hospital or institution?		
3. (a) FULL NAME Wary Ely	abe	Succession
1. Sex   5. Color or race		daw .
6.(b) Name of husband or wife		m Butler
7. Birth date of deceased (mo., day, yr.) Sept.	,	1) If allve, give ageyears
8. AGE: Years Months	Days	It less than one day
70. 9		
9. Birthplace A, A (Town, 10. Usual occupation	county, and s	tate)
11. Industry or business		
12. Name Henry 13. Birthplace That.	3 mith	Las
14. Malden name	(a)	Butler
El 15. Birthplace  16. Informant Blanche	John	CA.
Address Parole )	nd	•
17	Oate there	(month) (day) (year)
Cemetery or crematory. Lawle	711/	V.
Location	1 Day	

	3. (b) So	cial Security Number
O MEDI	CAL CERTIFICA	
20. OATE OF DEATH.	C 16	19.4 6, al . 8301 -
21. I CERTIFY that death occurred on		
and that I last saw halive o	1	16, 1946
Immediate cause of death		DURATION
Ideast	Failurg	
bronse My Ca	elt	5 ho.
Due to	***************************************	
Other conditions		
(Include pregnanc	within 3 months of deat	:h)
Majnr findings of operations	X	
Antopsy results		nite of op
22. VIOLENCE: If death was due to		
Accident, suicide, or homicide	\ /	Date ot
	<b>X</b>	



23. SIGNATURE

(l)ate rec'd by registrar)

1B. Funeral director

Address

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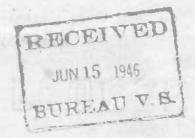
# 2411 N. Charles St., Baltimore 93-d CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County a C	(For newborn infants give residence of mother)
City or town	State Many County County
	City or town
How long in above place of death?	
Energy Hospelal	Street No
How long In hospic or Institution 49 day 8	2.(d) It veteran, name war
3. (a) FULL NAME	
	3. (b) Social Security Number
	er de
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
on wo mures	20. DATE OF DEATH (1) 200, 21 (1) 200.
6.(b) Name of husband or wife annie Ram	2). I CERTIFY that doubt occurred on the date above atated; that I attended deceased from
	1946 10 John 12 1946
7. Birth date of	and that I leat saw I allve on The leave 12 18 16
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Club Wo Value ?
76hrsmin.	the ((and a diwales
On a select	the last
9. Birthplace	Due to
10. Usual occupation	Orlews alende Cardin -
	Due to.
11. Industry or business	Varian distance - /
12. Name Franklin borr 13. Birthplace marklin	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Barbara lear	
14. Maiden name Barbara Ward  15. Birthplace Conceyland	Major findings of operations.
G G G G G G G G G G G G G G G G G G G	Date of op.
18. Informant Company	Autopsy results
Address Danied Swill mg.	
17 Bureas Date thereof 14/46	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baldwin manie	Where did injury occur?
Location conclleranceles on	Injured at home, farm, Industry, public place (where?)
13 & 7 Company	Meens of Injury Injured at work?
Address Assaura South	( O Chook & Con Assay Hill)
	23. SIDNATURE M. D. or other
19. West registrer	Address I I AMI Date Signed WI YV6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore Bio

# CERTIFICATE OF DEATH

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				250	B. 21=1. 1101
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)	ED:
County Anne	Arundel	************	***************************************	354	
City or town CVDI	cess Cree	k nits, write F	URAL and give nearest town)	Raltimore Comp	
Now long in above place	of death?	6 mc	nths	City or town(If outside city or town limits, write RU	RAL and give nearest town)
Hospital, Institution, or	street address where d	leath occurred		Street No. 1346 Glyndon ave.	
-02 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				(If rural, give LOCATION	
How long in hospital or				2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b)	Social Security Number
	Mary C.	Car	roll		none
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFIC	CATION
fem.	white	1	widowed	20. DATE OF DEATH June 23	46 II.45p
6.(b) Name of husband	Jame	s Ca	rroll		hat I attended deceased from
S.(o) Maine St instant				October 18 45,10	June 23 ,46
7. Birth date of	400000000000000000000000000000000000000		e) If alive, give agoyears	21. I CERTIFY that death occurred on the date above stated; to October 19. 45, to and that I last saw h. er alive on June	21 46
deceased (mo., day, yr	.)		I866		DURATION
8. AGE: Yeara	Months	Days	If less than one day	2. General anasarca	
8	0		hrs min.	And the second of the second o	000000000000000000000000000000000000000
1205	Poltimo:	ro Tr	đ	Que to Chronic interstiti	al
9. Birthplace	(Town,	county, and	dtate)	nephritis	
10. Usual occupation	housewit	fe		V/	J
11. Industry or business				Due 1o	**
Hi. Phi	llip Zoe	ller		Other conditions Chronic valvular	heart
12. Name Phi	Baltimo	re, 1	Id.	disease Arteriosclers	osis indef.
E.   13. Birtinpiace				disease. Arteriosclers (Include pregnancy within 3 months of de	eath)
14. Malden name	unknow	n		Major findings of operations	
15. Birthplace	Baltimor	e, Mo	•	Major Andrige of Optional	
G	eorge Ad	am Sa	ltzmann	Autonay results	
				PHYSICIAN: Please underline the cause to which death a	
Address P.	O. Seve			22. VIOLENCE: If death was due to external causea, fill in the	se tallowing.
17 buri	al	Date there	6-26-46 (month) (day) (year)	Accident, suicide, or homicide	
			cal cem.	Where did injury occur?(City or town)	(County) (State)
Location Ba	ltimore,	Md.		Injured at home, farm, Industry, public place (where?)	
18. Funeral director	J. J. Co	owan	& Son	Means of injury In	jured at work?
				4 ( )	4 - 0 1
Address 301	HOTITUS	56.9	Balto., Md.	23. SIGNATURE A - A B	Cech 4. A
106 - ~	74 19 48	0	ra. Breis	1000	M. D. or other
(Date rec'd by reg	istrar)		Registrar	Address associa	Date signed 6 - 24 -

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ADTAGE INK. Supply every item of information carefully. The correct age Rhysicians: please write the causes of death clearly and legibly.

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WRITE PLAINLY, WITH UNF

PLEASE

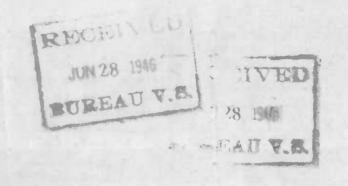
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2411 N. Charles St., Baltimore

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~	J		D1 .	. ~0	į
		Reg.	Diat.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County accel Arecedel	2 0 0 0
City or town. Twelle Sizelle	
How long in above place of death? Letter Leven years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where Beath ocypered:	Street No.
	. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Variesa Cheston	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fericale white single_	20. DATE OF DEATH June 24 19 46 21 5 PM
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	m 2000 9 00 11 11 11 11 11 11 11 11 11 11 11 11
7. Birth date of 2 / // // / C.C. Q	and that I last saw h. L.W. allve on
deceased (mo., day, yr.) March 4th 1889	Immediate cause of death
8, AGE: Sq Years   Months   Days   If less than one day	metastate carenna
L'17 Some 3 . 21	
Orgensiale West Rever	Due to Cuicissoma y ugut heart
9. 8 Hhplace Received (Town, county, and state) mary law	Due 10.
10. Usual occupation Rouse Ceepsung	
11. Industry or business	Uue to
# 12 Name C. Morris Cheston	Other conditions.
E A A P n.	
	(Include pregnancy within 3 months of death)
14. Malden name. Sally C. Meirican.	Major findings of operations.
2 15. Birthplace Tauguster Co Virginia	Dale of op.
16 Informant Eleaudo Mo. Shepherd	Antopsy results
Address . Harman Po. a.a. C. Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Starwood . V. U. U. Co. Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Oate thereot. (Month) (day) (year)	Accident, suicide, or homicide
cemetery or crematory Chaist Cleurch Connectors	Where did injury occur?
Cemetery or crematory	4
Location Twenty les yes	Injured at home, tarm, Industry, public place (where?)
18. Funeral director 1:45. Atanquity of the	Means of injury Injured at work?
Address Salusville Mis.	Frish H. Inlam, m.D.
11 nacion +	23. SIGNATURE M. D. or other
19. (Octa real the registrar) 18 46 Megistra	at Address Cothism ms Oate signed 1/2.5 /46





2411 N. Charles St., Baltimore

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T	27	и	м	١.
	7	18	199	197

Address Crownsville, Laryland

05617

. Date signed 6/26/46

		CERTIFICA	TE OF DEA	ATH	Reg. Diat. No.	
PLACE OF DEATH: Ounty			City or town(If	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Prince George's  City or town Fairmount Heights (If outside city or town limits, write RURAL and givn nearest town)  Street No. 600 60th Street  (If rural, give LOCATION)  2.(a) It veteran, name war.		
. (a) FULL NAMI		RUTH BERNICE			3. (b) Social Security Number unknown	
female	5. Color or race black	8.(a)Single, married, widowed, or divorced married	20 DATE OF DESTU	June 26	CERTIFICATION	

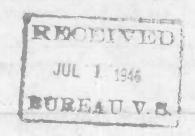
How long in nospital or institution	2.(2) 11 Telciali, lianic wat
3. (a) FULL NAME COBB - RUTH BERNICE	3. (b) Social Security Number unknown
female black 6.(a)Single, married, wildowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  June 26  19.46  21.8:00 P
6.(6) Name of husband or wife William Cobb, 850 Division  Ave. Washington, D. C. 6.(c) If alive, give age unk a years  7. Birth date of deceased (mo., day, yr.) 1887	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  June 12  19. 44, to June 26  19. 46  and that I last saw h.er. alive on June 26  19. 46
8. AGE: Years   Months   Days   It less than one day   Unknown   Months   M	Immediate cause at death.  General Arteriosclerosis  Known to us since
9. 9irthplace	Due to
12. Name Ledi Prather 13. Birthplace Maryland  14. Malden name Martha Simpson 15. Birthplace Maryland	Other conditions Psychosis with Cerebral Known to us since Arteriosclerosis (Include pregnancy within 3 months of death)  Major findings at operations  Bate of op.
16, Informant Hospital Records	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Crownsville, Maryland  17. Guille, Cemation, or removal. Which?)  Cemelery or crematory. Address Payland  Address Payland  Date thereot. (month) (day) (year)  Complete or crematory. Address Payland  Address Payland  Address Payland  Date thereot. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide

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Registrar

VS A15

(Date rec'd by registrar)



2411 N. Charles St. Rales.

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	s St., Daitimore
CERTIFICAT	E OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 12.18 E. Manual of
How long In hospital or Institution?	(If rural, give LOCATION)  2.(a) If veleran, name war
3. (a) FULL NAME Thelma Boone	Colbert 3. (b) Social Security Number
female negro narried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. About Pluce 9 19 46 at M
6.(b) Name of husband or wite 6.(c) If alive, give age years 7. Birth date of July 14 Art muturon	21. I CERTIFY that death occurred on the date above stated that I attended deceased from the state of the sta
8. AGE: Years Months Days It less than one dayhrs	Immediate cause of death
9. Birthplace	Due to.
12. Name William Day 13. Birthplace 14. Malden name Marie Bryaut 15. Birthplace 15. Birthplace 16.	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant  Address  827  Security Are  (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (sear)	Autopsy results
Cemetery or crematory  Location  Location  18. Funeral distribution of the California Ca	Where did injury occur? (City or town) (State) Injured at home, farm, Industry, public plage (where?)  Meens of Injury Injured at Work?  Meens of Injury Injured at Work?
19. June 1 19. 4 4 aysterland Registrar	Address Amayolo M. Date signed b. / 165 felo.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

		ATE OF DEATH  Reg. Dist. No.	2/	
How long in above place of death?		2. USUAL RESIDENCE (HOME) OF DECEASED:  (Proper pewborn infant give residence of mother)  State  County  (If outside city or town limits, write RURAL and give prest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.		
4. Sex 5. Color or race  Male Regio	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION as 20. DATE OF DEATH.		
6.(b) Name ol husband or wife		21. I CERTIFY that death occurred on the date above stated; that I allowed degreese are and that I leet see the live on	d from	
8. AGE: Years Months	Bays I tiles than one dayhrs		DUKATIDA	
9. Birihplace (Town,	ounty, and state)	Bue to		
11. Industry or business  12. Name	asulando	Other conditions		
14. Malden name	nid mith	(Include pregnancy within 3 months of death)  Major fiadings of aperations.  Bate of op.		
Address Harriston	ung Cat, my	PHYSICIAN: Please underline the cause to which death should be charged sta  22. VIOLENCE: tf death was due to external causes, filt in the following:	tistically.	
17. (Burial, cremation, or removal. Wbich?) Cemetery or crematory.	Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accident Date of	23/46 Md	
Location	us Halstea	Injured at home, farm, industry, public place (where?)  Means of injury  M	to party	
19. (Date rec) by registrar)	6 Justine Registre	23, SIGNATURE, DM. D. or M. D. or Addres Addres Date signed of the signe	other	

1	1	0	90	1	
	13	D	61		7 1
Rei	, D	at.	No.	0	S

	CERTIFICATE	E OF DEATH Rog. Dist. No	021
DUNY OF LOWN	Land give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant prive residence of mother)  Stale	endel S
low long in above place of death scaured; lospital institution, or street address where death scaured; low long in hospital or institution?		Street No	
3. (a) FULL NAME Clesabe	the Cusher	ing Cowling 3. (b) Social Sect	arity Number
Fernale White M	arred	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 10.4	6 .1 2
8.(b) Name of husband or wife	owling	21. I CERTIFY that death occurred on the date above stated; that I attended the state of the sta	ne 9 194
7. Birth date of deceased (mo., day, yr.) May 22.9  8. AGE: Years Months Days I	1875 V Tess than one day	and that I last saw has alive on fine grant from the first saw has alive on fine grant from the first saw has a first saw has	DURATIO
71 18	min.	Due to.	
9. Birthplace		Due to	
11. Industry or humans  12. Name. Gelifs D. Sh.  13. Birthplace Middlebury	rupson	Other conditions.	
	me.	(Include pregnancy within 3 months of death)  Majar findings of sperations.	
15. Birthplace Dangilla 2	a distance of the second	Major nadings in aperations	
Address AT Margarels G	RG Mg.	PHYSICIAN: Please underline the cause to which death should be ch 22. VIOLENCE: If death was due to external causes, fill in the following:	arged statistically.
17. (Burial, eremation, or removal. Whites)	(month) (day) (year)	Accident, suicide, or homicide	***************************************
Cometery or crematory. Many and Location At 7 Many and L	relo	Where did injury occur?	
	. 496 mx	injured at nome, tarm, industry, public place (where;)	
18. Funeral director.	agloroson	Means of Injury  Injured at work  Means of Injury  Injured at work  Research	

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The

BALTIMORE CITY	HEALTH	DEPARTMENT 181-0
CERTIFICA	TE OF	DEATH

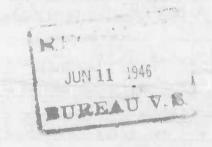
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	1.5004
1. PLACE OF DEATH: Q.Q. CS.	2. USUAL RESIDENCE OF DECEASED:
(a) Bakimore City, Maryland	(a) State Md. (b) County
(b) Street address Slenbourne, hid.	
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give tow
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. (If remaining the location)
	(e) Citizen of foreign country? (Yes or N
(e) Length of stay in Baltimore (yrs., mos., or days) 50 477	If yes, name country.
B (a) FULL NAME Ida Via	tem havis
3 (c) Social Security Account	MEDICAL CERTIFICATION
No. Pune	20. DATE OF DEATH 1000 3 0 1944, at // 2
5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that latten
Temale Colores Widow	ed deceased from Math 21946, to lune 30.194
(b) Name of husband or wife Alenty M.	and that I last saw her alive on some 128.1946
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) June 1, 187	1 acute Martitis
3. AGE: Years   Months   Days   / If less than one day	
6 9 hrmin	Due to ardis und tille
9. Birthplace Staunty Va	
(Town, county, and state)	Due to,
0. Usual Occupation Transcrufe	
11. Industry or business	Other Conditions
12. Name Hugh S. Clatson	(Include pregnancy within 3 months of death)
13. Birthplace Stausley Va	Date of operation
In this chase	Major findings of operation: cause to white death should
14. Maiden Name Malle Viale	charged sta
15. Birthplace Staunter, Va	of autopsy: tically.
16 (a) Informant Miss. Willy Journ	22. If death was due to external causes, fill in the following:
(b) Address 0240/ Hadrem Che	(a) Accident, suicide, or homicide
17 (a) Burial (b) Date thereof July 3,194	(b) Date of occurrence
(Burial, cremation, or removal) (honth) (day) (fear	(Cîty or town) (County) (State
(c) Cemetery or crematory	$\mathcal{F}$ (d) Did injury occur about home, on farm, industrial place, in public,
Location Dullemore, hid	place?
18 (a) Funeral director les Garge A. O.	(e) Means of injury
(b) Address / 609/ Writis Will	73. Signature 1100 Merly 1
19 (a) July 9 (b) 19+6 mesealla	Sollar De M.P.
(Date rec's by registrar)  (Date rec's by registrar)  Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CERTIFICAT	E OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME  A. Sex  5. Color or racs 6. (a) Single, married, widowed, or divorced  L. Sex  1. A. Sex  1.	Decker S. USN 3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE OF BEATH. 1946 31 1/35 A. II
8. (b) Nams of husband or wife. Waseline L. Decker  7. Birth date of deceased (mo., day, yr.) Nov. 28 1888  8. AGE: Years Months Days If less than one day	21. I CERTIFY that each occurred on the date above stated: the lattended decessed from Security 20, 19 to to the B 19 to
9. Birthplace	Due to Valvolar Heart Deseare 2 years Due to
12. Name	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address 1407 Uses St. Autopais  17. Burial (Burial, cremation, or removal, Which? (Burial, crematory)  Cemetery or crematory.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location  18. Funeral director  Address  19. (Value rec'd by registrar)	Meene of Injury  Injured at home, tarm, Industry, Bublic place (where?)  Injured et work?  23. SIGNATURE, Haller H. Bublich  Address H. S. Navel H. G. Langer St.



#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore Bio

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Mod & County A.A. Co.		
City or fown			
How long in above place of death?	(If outside city or town limits, Frite RURAL and give nearest town)		
Hospital, institution, or streef address where death occurred:	Street No. 9303 Pater St. Myway		
How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
mary D	emchuk 3. (0) Social Security Humber		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
temale While married	20. DATE OF DEATH 4 SWAL 19/6, at 11/3 Am		
6.(b) Name of husband or wite. Phillip	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	NOV 18 1945 10 4 JUNE 1946		
7. Birth date of Page Season S	and that I last saw h & alive on 34 JUNE 1946		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate pruse of death DURATION		
5 2	Dronelo Fueumoria. 3days		
Dala al	Nacio - As a March of the same		
9. Birthplace(Town, county, and state)	Due to figher warmer warmen years		
10. Usual occupation Housewife	please from		
11, Industry or business	Due fo		
12 Name Bheve Demchuk	Other conditions Caralletter Stroke Mrs 2,96		
13. Birthplace Poland			
# 14. Malden name Mary adolofica	(Include pregnancy within 8 months of death)		
15. Birthplace Poland	Major findings of operations		
19 13. Birthpiace	Date of op.		
16. Informant	Autopsy results		
Address 4303 Automa Regiony	22, VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director WM & S. FIALLOWSKA	Means of Injury Injured at work?		
Address 2007 Eastern ave	23. SIGNATURE MULLISON A. Sedan Ula		
19. (Date reckliby registrar) 19 × 6 A·W. Hadreck	Address 1958 Fundewalle Date signed 5. Mars. 46.		

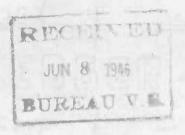
## 2411 N. Charles St., Baltimore (13-2)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Anne Arundel Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Anna polis Md. (If outside city or town limits, write RURAL and give nearest town)	State Matyland county Anne Arundel		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town Annapolis Md. (If outside city or town limits, write RURAL and give nearest town)		
Received tectitution or street address where death occurred:	Street No. 17 Lafyette Ave.		
17 Laffyette Ave. Annapolis Md.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Agnes Diggs 4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	212-21-8487		
Female Col. Single	MEDICAL CERTIFICATION  29. DATE DE DEATH 6 - 6 19/6 19/6 11		
	21 I CERTIFY that death occurred on the date above stated: that i alanded deceased from		
6.(b) Name of husband or wife.	March 145 10 Affine 600 1946		
7. Birth date of deceased (mo. day, yr.) March 26, 1927	and that I last saw here ative on 1946		
deceased (mo., day, yr.) Marcil 20 1721  8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death		
19 2hrsmin.	200 8		
9. Birthptace Annapolis Md. A. A. Co.	Due to MJ. Juny melos tang Mch. 45		
10. Usual occupation Government Employee	to mesself they		
11. industry or business None	Due 13.		
12. Name James Andrew Diggs 13. BirthplaceAnnapolis Md.	Dthor conditions		
13. BirthplaceAnnapolis Md.	(include pregnancy within 3 months of death)		
14. Malden name Julia Elizabeth Dispriggs 15. Birthplace Annapolis Md.  Wrs Julia E. Diggs	(include pregnancy within 3 months of death)  Major findings of operations.		
15. Birthplace Annapolis Md.	Date of op.		
16. Informant	Antopsy results.		
Address 17 Lafyette Ave. Annapolis Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Burial Burial (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Saint Marys Cemetery	Where did injury occur? (City or town) (County) (State)		
Location West St. Extd. Annapolis Md.	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director Mrs Charles E. Hicks	Means of Injury Injured at work?		
Addres 45 Northwest St. Appapolis Vd.	1 HILLINGS SAN MA		
0 7 11	23, SIGNATURE M. D. or other		
19. Hate rec'd by registrar Registrar	Tiddress / Last 1021 Date signed 6 / 46		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 486

05625

Reg. Diat. No ...

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Anne Arundel County Crownsyille Maryland			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County				
						City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place	ot death? 11 m	onths,	10 days	City or town. BAI LIMOTE (If outside city or town limits	, write RURAL and give 1	nearest town)	
Hospital, Institution, or	streel address where	death occurred	:	Street No. 930 West Lexin	gton Street		
How long to hospital or	II m	onths	ital		(If rural, give LOCATION)		
How long to hospital or	institution?		To dayo	2.(a) If veteran, name war			
3. (a) FULL NAME					3. (b) Social Securit	y Number	
	EDWARDS	- DOROT	CHY			- gas	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
female	black	n	narried	20. DATE OF DEATH. June 5,	46	. 10:40A	
	773						
			wards, 930 W.	21. I CERTIFY that death occurred on the date abo June 25	45 June	5 40 46	
Lexington S	St., Balto		) If alive, give age unk . years	and that I last saw h. er alive on Ju	ne 25	. 46	
7. Birth date of deceased (mo., day, y	June	29, 190	)9	Immediate cause of death			
8. AGE: Years		Days	tt less than one day	Carcinoma of Uterus			
36	11	4			************************************	us since	
	Manuland			Bus is		6/25/45	
9. Birthplace				bue to		*****	
10. Usual occupation	Housewif	e		Busin		******	
11. Industry or busines:	s			bue to		***************************************	
12. Name	Joseph Tu	rner		Diher conditions Schizophrenia	a	Known to	
	Maryland					us since	
	Frances H	all		(Include pregnancy within 3 r	months of death)	-6/25/45	
14. Maiden name.		***************************************		Major findings of operations.			
	Californi				Date of op		
16. Informant	Hospital	Records	3	Antopsy results			
Address	Crownsvil	le. Mar	rvland	PHYSICIAN: Please underline the cause to wi	hich death should be charge	ed statistically.	
17 Bur			0 2	22. VIOLENCE: If death was due to external cau			
(Burial, cremation	, or removal, Which	Date there	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremato	ry mI	and	ww	Where did injury occur?(City or town)	(County)	(State)	
Location				Injured at home, farm, industry, public place (w			
	Elan	. (()	Wilso	Misens of Injury	Injured at work?		
18. Funeral director	201			( ) XICAL	Blacks.	. /.	
Address / 8 0	01524	NE	y and	23. SIONATURE	11111121	2	
10/07	JY.	N	W. Kedul			D. or other	
(Date mo'd by re	19	/	Nen Registrer	Address Crownsville, Mary	land note signs	6/5/46	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

The correct age

UNFADING INK. Supply every item of information carefully.

PLEASE WRITE PLAINLY, WITH

MARGIN RESERVED FOR BINDING

CERTIFICA	ATE OF DEATH Reg. Dist. No. 2/
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State County County City or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Walter E. 7 insher	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. June 1 2 18 46 at 8 30 A
6,(b) Name of husband or wife	Immediate cause of death  Oron arey with the state of the
12. Name. Charles France. In S. 13. Birthplace Quantum Flavore Charles France. Strange. 14. Malden name. Flavore Co Mod.	Bither conditions   (Include pregnancy within 3 months of death)
16. Informant Miss W. E. Fisher  Address H the Street - Cadport - Ma	Actorsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)  Cemetery or crematory.  Date thereof (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director	Means of Injury  Means of Injury  Lange  Boal
19. (Pate rec'd by registrar)	23. SIGNATURE.  M. D. or other



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	reeg.	Diac.	140		

1. PLACE OF DE	Anno Am	nndel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
	77.73	orge G. Meade nits, write RURAL and give nearest town)	state waryland county Anne Arundel				
/			City or townSevern	ing managed dawn)			
	r street address where d	eath occurred:		ive nearest town)			
		Hospital	Street No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
How long in hospital o	r Institution?	about 6 hours	2.(a) It veteran, name war				
3. (a) FULL NAM	E		3. (b) Social Sec	curity Number			
	T. LATE	PATRICIA M. FORNEY	None	9			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	N			
Female	white	single	2D. DATE OF DEATH June 15 19.	16 at 9.00Pm			
C (b) Name of husband	or wife		21. I CERTIFY that death occurred on the dale above slaled; that I allend				
		B.(c) If alive, give ageyears		19			
7. Birth date of	Mano	h 22, 1943	and that I last saw halive on	19			
deceased (mo., day,		Bays   If less than one day	Immediate cause of death	DURATION			
3		24hrs,min.	Unsteller would - feeder	7			
	Odento		proposefort from medera				
9. Birthplace	(Town,	county, and state)	Due 10.	001000000000000000000000000000000000000			
1D. Usual occupation.	no	ne	Examiner, regarden				
11. Industry or busines	SS	Marie Control of the	D00 10.	••••••			
当 12. Name	Herbert	J. Forney	Other conditions concland of liver -				
12. Name		atton, Penna.	slamach and Kelney.				
	Lillian	Marie Stinchcomb	(Include pregnancy within 8 months of death)				
14. Malden name.		Severn, Md.	Major findings of operatious				
H	erbert J.						
ID. INTOINIZET	***********	•••••••••••••• <del>•••••••••••••••••••••••</del>	Autopsy results	harged statistically.			
Address	severn	1, 1110.	22. VIOLENCE: If death was due to external causes, till in the tollowing	1.041			
17 Burial cremation	al n, or removal. Which?)	Date thereot (month) (day) (year)	Accident, suicide, or homicide	16/1D/46			
Camptery or cremat	Glen		Where did injury occur? (City or town) (County)	(State)			
	Men Br		Injured at home, farm, Industry, public place (where?)	eled.			
Location			Meens of Injury Injured at wor				
18. Funeral directors	Thomas 4	, a sugar	0 -100				
Address	Glen H	Burnie Md.	23. SIGNATURE SA Tayler Dio				
19. nine	18 1946	I mise alla	acting medical comme	M. D. or other			
(flate rec'd hy re	egistrar)	Registrar	Address Allen Burnel, Wed Date signed & J. X.L.				

RECEIVED
JUN 20 1946
BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ba



# CERTIFICATE OF DEATH

Reg. Dist. No. 21

	Anne Arun	Mary its, write RU	Land RAL and give nearest town 25 days	Stale Maryland County  City or town Baltimore City  (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or	sireel address where de ville Sta	ath occurred:		unknown	***************************************			
			25 days		2.(a) if veteran, name war		V	
3. (a) FULL NAME	GILL - J				3. (b) Social Security	y Number		
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced		MEDICAL CE	ERTIFICATION		
Male	black		arried		20. DATE OF DEATH June 24,	19Lul	6, at 9:45Pm	
8.(b) Name of husband of	3006	e-Gil	If allive, give age	21. I CERTIFY that death occurred on the date abo August 17., 19	45 to June	24, 19.46		
deceased (mo., day, years		Days	If less than one day		Immediate cause of death		DURATION	
0. 1100.			brs.	min.	andral kim	auhage	The days	
9. Birthplace South Carolina (Town, county, and state)  10. Usual occupation Laborer					Due to byperteus care	dio varculas ubral hem	omes ada	
t1. Industry or business							a on long	
Jim Gill (dead)  12. Name Jim Gill (dead)  13. Birthplace South Carolina  14. Maiden name Ida Woodluck ? (dead)  15. Birthplace South Carolina					Other conditions Parallel Canadia (Include organics within 8 m	nonths of death)		
			rds		Autopsy results			
Address Crownsville, Maryland					PHYSICIAN: Please noderline the cause to wh		d statistically.	
17					22. VIOLENCE: tf death was due to external cau Recident, euicide, or homicide	Date of	(State)	
Location	Elro	rei	-Walso	2	Injured at home, from, Industry, public place (will Means of Injury ————————————————————————————————————	tnjured at vork?	rads	
19. 6-2 (Date rec'd by res	gistrar)	Acor	at Re	Crownsville, Maryland Date signed 6/24/46.				

# MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

Reg	5	G	9	0	2	-	3

1. PLACE OF DEATH: Orundel Countr	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gize residence of mother)				
City or town	State Mary County County				
How long to above place of death?	(if outside city or town limits, write RURAL and give nearest town)				
Mospitat, Institution, or street eddress where death occurred:	Street No. 311 & Ouchard and				
4	Street No. 3/1 S Orch and Gunt				
How long in hospital or institution?	2.(a) If veteran, name war.				
3. (a) FULL NAME	3. (b) Social Security Number				
Joseph Forecki					
4. Sex 5. Color of Jace 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 950				
M W Divorced	20. DATE OF DEATH & LAND 23 19 4/4 at P. M				
6.(b) Name of husband or wife	21. I CERTIFY that don'th occurred on the date above stated: that I attended deceased from				
	May 1 1946, 10 June 22 1846.				
7. Birth date of	and that I last saw have a saw a live oo from 2 2 19 46.				
deceased (mo., day, yr.) /909	Immediate cause of death DURATION				
8. AGE: Years Months Days It less than one dayhrsmin.	Chromic My ocarditis				
min.	and my ocardial degeneration y 4 ys.				
9. Sirthplace (Town, county) and state)	Due to.				
2. 4	Chrome Endocarditio 10 4 vs.				
10. Usual occupation	Due to (Rhammatre)				
11. Industry or business					
12. Name Jucob Garechi  13. Birthplace	Other conditions Left Hermandegia 2mo.				
	(Include pregnancy within 8 months of death)				
14. Maiden vame ale Mandera Bartruff.  15. Birthplace Poland	Major findings of operations.				
≥ t5. Birthplace Potand	Date of on.				
16. Intermental angle Bernacha	Antopsy results				
Address 311 9 Oychand and	PHYS1CIAN: Flease underline the cause to which death should be charged statistically.				
n	22. VIOLENCE: tf death was due to external causes, till in the tollowing;				
(Burial, cremation, or removal. Which?)  Date thereot. D 7 6 76 (month) (day) (year)	Accident, soicide, or homicide				
Cometery or crematory Sacred Heart of many Cl	Where did injury occur?				
Dola' o + V					
Location Daffipmare County	tnjured at home, farm, Industry, public place (where?)				
18. Funeral director John M. Willey	Means of Injury Injured et work?				
Address (401 S- Chester Street	23. SIGNATURE P. J. Jumaldi M.D.				
19. O V 19 46 Supplemental 19. (Date rec'd by registrar) Registrar	M. D. or other				

#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 93-0

# 05631

# CERTIFICATE OF DEATH

	TE OF DEATH  Reg. Dist. No
1. PLACE OF DEATH:  County Annanclis  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 17 VPS  Wospital, Institution, or street address where death occurred:  Manresa-on—evern	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County A.A.  City or town Near Anna Collis Md. (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
Joseph Henry Gough	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Warried	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19.46 A
8.(6) Name of husband or wife	Immediate cause of death OURATION  Acute Delatation y Heart Public
9. Birthplace Battimore Md. (Town, county, and state)  10. Usual occupation Care taker  11. Industry or business	Oue to Atteno - Solerose unknown
12. Hame Unknown 13. Birthplace unknown	Other conditions.
14. Maiden name. Unknown  15. Birthplace unknown	(Include pregnancy within 3 months of death)  Major findings of operations
18. Informant Rev Fr. Robert S. Llowd	Autopsy results
17. Burian Oate thereof Jing 6 1946 (Burlal, cremation, or removal, Which?)  Cemetery or crematory New Cathedral	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Baltimore, Maryland  18. Funeral director	Manne of Injury
Address 170-172 West, Annapolis, Md.  19. Unit 4 19 46  (Pote rec'd by registrar)	13. SIGNATURE AMA Date Signed 6/3/4/

MARGIN RESERVED FOR BINDING

VS A15

JUN 5 1946 BUREAU V.E. H)MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05630

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
County (CO)	(For newborn Infants give residence of mother)				
City or town (If outside city or town limits, write RURAL and give nearest town)	State Charges County Ca				
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)				
Hospital, institution or street address over death occurred:	(if odiside city of town limbs write ROAAD and give hearest town)				
18 Hee AR	Street No. 18 TIEL (If rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
allen 7 Groner					
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
on w married	20. DATE OF DEATH MUX 10 1846 at 8309.				
man Grover	21. I CESTIFY that teath occurred on the date above stated; that I attended deceased from				
6,(b) Name of husband or wite	January 1935 10 June 10- 1946				
7. Birth date of	and that I last saw h sin alive on france (10 19 46				
deceased (mo., day, yr.)	Immediate cause of death				
8. AGE: Years Months Days If less than one day	Colonary Frombois 6-10.46				
75 6 20mi	n.				
9. Birthplace Knopville Tenn	Due to Nepperleum 114eas				
(Town, county, and state)					
10. Usual occupation	Due to My ocoatis che. 11 4cm				
11. Industry or business	000 10				
	Other conditions Certain to bues awknow				
12. Name Harriselle Francisco					
	(Include pregnancy within 3 months of death)				
14. Maiden name Unknown  15. Birthglace Waknown	Major findings of uperatious				
≥ 15. Birthplace	Date of op.				
16. Informant Hartwell Proves	Autopsy results				
Address 18 Hill it amyorles. no	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Houses	22. VIOLENCE: If death was due to external causes, fill in the following;				
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide				
Gemetery or crematory Cardan Bluff	Where did injury occur?				
Com advalue and	(City or town) (County) (State)				
Location	Means of Injury Injured at work?				
18. Funeral director	modula or injury D				
Address amapater (2000	1 C Ba- 1				
0. 12 111 8 6 6 1	23. SIGNATURE LENGL D. or other				
19. June 12.19 46/	Justichi 500 6-11. 46				

RECEIVED
JUNES 1946
BUREAU V S

A15

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on Film No. 106 - 7/24/46

## 2411 N. Charles St., Baltimore 932 CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County D. A.					
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mul. County Que San	***************			
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest to	(משר			
Hospital, Institution, or street address where death occurred:		,			
cel amapolis Rd.	Street Na				
How long to hospital or institution?	2.(a) If veteran, oame war				
3. (a) FULL NAME	3. (b) Social Security Numb	ег			
Berneisce Hammond -					
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female Col. single	20. DATE OF DEATH	21018			
a (1) Power of husband or mile	21. J CERTIFY that death occurred on the date above stated; that I attended deceased fro				
6.(b) Name of busband or wife	Feb. 27	1946			
7. Birth date of	and that I last saw b Ask alive on Secon 57	1046			
deceased (mo., day, yr.) aug - 1917	Immediate course of death.				
8. AGE: Years Months Days tiless than one day		DURATION			
28 -y-9- 10 hrs	North Montano to Man Salver Sa	V Day			
		***************			
9. Birthplace Q. G. (Town, county, and state)	Due to				
10. Usual occupation. Thouse Work.	*****	*************			
TO, Usual occupation	Due to				
11. Industry or business					
12. Hame Charles House To Sal,		0			
	Conquitof dislocation hip life.				
E 14. Malden name Sucara Hammond	(Include pregnancy within 8 months of death)				
	Major findings of eperations.				
E 15. Birthplace Q. Q. Co. Fand.					
16. Informent Mary Harry and	Antopsy results.				
Address Ling Shrawn Ind	PHYSICIAN: Please underline the cause te which death should be charged statistically.				
	22. VIOLENCE: If death was due to external causes, fill in the following;				
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide				
Cemetery or crematory And Calaboration	Where did injury occur? (City or town) (County) (State)				
Location Brooklyn Spiel	Injured at home, farm, industry, public place (where?)				
18. Funeral director Change O-Wilson	Means of Injury Injured at work?				
Address 1000 Brantly are	Bose G Zus				
6 28 46 Questile	M. D. or othe	_			
(Date ree'd by registrar)	Address Cecellan Cream Bala signed 6-2	7-46			



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

05633 28 Reg. Dist. No.

CER	TIE	TCA	TE	OF	DE	ATH
I.L.K	111	ILA	l I L	V/C	IJC.	$\mathbf{A}$

PLACE OF DEATH:  ounty						2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence uf mother)  State				
						(If rural, give				
ow long in hospital or institution? 1 year, 2 mos, 27 days  (a) FULL NAME  HILL - DENNIS							3. (b) Social Security	Number		
. Sex	5. 0	Color or race	6.(a)Single	e, married, widowed, or div	rorced	MEDICAL CE	ERTIFICATION			
male		black	u	nknown		20. DATE OF DEATH June 25,	19.46	12:30R		
.(b) Name of husband or wife unknown  S.(c) If alive, give age years						21. I CERTIFY that death occurred on the date above stated: that t attended deceased from March 28, 19.45, to June 25, 19.46 and that I last saw him alive on June 25, 19.46				
deceased (mo., d	ay, yr.)	1881 ?				Immediate cause of death		DURATION		
, Aun.	ears	Months	o Days	If less than one day	min.	General Paralysi	s of the	Known to us		
O. Birthplace  10. Usual occupation of the second occupation occupatio	onIness	Unknow (Town, o Unknow known	1			Due to		since 4/6/45		
14. Maiden name. Unknown 15. Birthplace						(Include pregnancy within 3 months of death)  Major fisdiogs of operations				
18. Informant Hospital Records						Autopsy results				
Address (Burial, crema Cemetery or cre Location	tion, or r	emoval, Which?)	Date ther	Maryland (28-4 (month) (day	Loue	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	(County) here?)  Injured at work?  M. D.	(State)		
9. (Date rec'd by registrar) Registrar						T Address Crownsville, Marylandoate signed 6/25/46.				

JUL 1 1946

BUREAU V.B.

MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M	173	1	1=	0	9	A	2	,
Ti		Reg.	Dis	e.A	Vo.	9	<u> </u>	/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Bred. County Q.Q.
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Rospital, Institution, or street address where death occurred:	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
2 FILL NAME	
John William	Hinkle 3. (b) Social Security Number 215-07-7525
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mule while married	20. DATE OF DEATH. 10 36 at 10 30 M
5 (1) Name of huchand or wife talkering Spinkle	21. I CEBATTY that death occurred on the date above stated; that I attended deceased from
6.(0) hame of husband of wife	une 1844, 10 June 5 19 46
7. Birth date of Aug. 2. P. D. years	11 11 11
7. Birth date of deceased (mo., day, yr.)  aug. 28, 1880	and that I last saw h allive on June 4 19.56.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
65 9 9nrsmln.	Oulmany ABC. 21/2 42.
Baltimar. Int.	
9. Birthplace (Town, county, and state)	Due 10
10. Usual occupation laborer	***************************************
10. Volum Volumentum	Due to
11. Industry or business	
12. Name. Sinkle 13. Sirthplace Balto, Mal.	Other conditions Charge geat
13. Birthplace Balto., Ma.	intertibal offe. 6 mos.
14. Malden name Margarat Bayline	(Include pregnancy within 3 months of death)
	Major fludings of operations
\$ 15. Birthplace Balto., Mo.	
16. Informani Calle erica a Huck le	Autopay results
Address Orchard Beach	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following;
17. (Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
1 10 Fee VII was V - Ban	Where did lajury occur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18 Eugard director Bernard Harle	Means of Injury Injured at work?
18. Funeral director ( 2 / 2 / 2 / 2)	La. Pleix m.D
Address /2/ 3. West st. Greet	a. a.
6-5-16 J.a- 8 /2014	M. D. or other
(Date rec'd by registrar)  Registrar	Address Bate signed 6-5-46

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JUN 7 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

# CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:  County Quine Orundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
1:	State Mary land County acus arendel		
City or fown. City or town limit, write RURAL and give nearest town)	a a to the second		
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
George B Nochros.			
4. Sex 5. Color of face 6.(a) Single, married, with bed, or divorced	MEDICAL CERTIFICATION		
m w Swale	20. DATE OF DEATH June 3		
	21. I CERTIFY that death occurred on the date above stafed; that tattended deceased from		
6.(b) Name of husband or wife	6 1 1865 to 6 3 1886.		
7. Birlh date of	and that I tast saw h. Accordance on		
deceased (mo., day, yr.) act . 14, 1860	Immediate cause of death Control DURANON		
8. AGE: Years   Months   Days   If tess than one day	IN 1 1 1 sawball 1d		
85 7 >0hrsmin.			
9. Birthplace mary land	Due to / Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
(A own, county, and state)			
10. Usual occupation Retired Painter	Due to		
11. Industry or business			
# 12. Name Jes . 1 despres.	Dther condilions		
12. Name Jos . / Cospros.			
M	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations.		
16. Informant albert & Losgras.	Antopsy results		
Address Run as slip Ist. Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
B 0 / / / / 4/	22. VIOLENCE: If death was due to exfernal causes, till in the following:		
(Burial, cremation, or removal White) (month) (day) (year)	Accident, suicide, or homicide		
Cemefery or crematory A.T. Lawelruff	Where did injury occur?		
Location Census Med tojured at home, tarm, industry, public place (where?)			
N.M.H. N. Idame	Means of Injury Injured at work?		
18. Funeral director. New York at account	0 0.1		
Address Sausel Mill	10 ruem		
June 6 - Ha Solara Known	23. SIGNATURE. M. D. or other		
19. 19. 19. (Defe rec'd by registrar)  Registrar	Address Fallrul Date signed 6 46		

SEP 30 1946 BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

05635 23 Reg. Dist. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State			
3. (a) FULL NAME John & Hudso.	3. (b) Social Security Number			
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH PLANE 2.9 19.46 21 M			
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Sirth date of	and that I last saw his alive on 6/2/1/4 6 19			
deceased (mo., day, yr.)	Immediate cause of death			
8. AGE: Years Months Days It less than one day  13	= lefforalion kinding			
9. Birthplace Town, county and swift	Due to O'cherna of whomat of theoal 3 Logs			
11. Industry or business While smill	Due to Carrier of theat. Unliver			
12. Name TWA THAT THE TAIL TO THE TAIL	Other conditions			
14. Maiden name Figure 1 15. Birthplace	(Include pregnancy within 3 months of death)  Major fiadings of operations.			
S 15. Birthplace // Smy Com	Date of op.			
16. Interment Jack L. Jean styry	Antopsy results			
Address Minnetonkald Sweet	22. VIOLENCE: If death was due to exiernal causes, fill in the following;			
(Burial, cremation, or removal. Which?)  Date thereof (mootb) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematery Hack Many	Where did injury occur?			
Location Daletimore Consterne	Injured at home, farm, industry, public place (where?)			
18. Funeral director Wm Cook Age	Means of Injury Injured at work?			
Address 1217 St. Facel St.	G NP la Xxx			
1 7-1 46 austeden 1	23. SIGNATURE M. D. or other			
(Date rec'd by registrar)	same fill Peles Will Bolo signed = /39/4/			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore REG

#### CERTIFICATE OF DEATH

05636,

P. D.		Reg. Dist. No.
. The corr- legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Th	ANN200 (IS- MI).	Sun District OV GO
le le	City or town	State County
	7	City or town Weshurator
fu	Hospital, Institution, or street address where death decurred:	(if tside city or town limits, write (URAL and give nearest town)
riy	EMENGENCY - HOSpitel.	Street No. Mussian Us gation
S CS		(If rural, give LOCATION)
ion carefully	How long in hospital or institution? The Cayes	2.(a) It veteran, name war.
nati	3. (a) FULL NAME	3. (b) Social Security Number
ADING INK. Supply every item of information Physicians: please write the causes of death ck	Valodimu sochenke	
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of	m warrech.	
nsn	7,0	20. BATE OF DEATH LL SCE 5 19 5 6, at 11:16"
ca		21_I CERTIFY that death occurred on the date above stated; that I attended deceased from
y i	8.(6) Name of husband or wife	2 June 3 19 46 10 June 6 19 46
t	7. Birth date of Unitarity Services (c) It alive, give age years	a Gless & Colonia
ite		and that I last saw h
ly w		Immediate cause of death
D D	0. 1.00.	Francison Spinal
Su	30 n -   -   min.	O A - C 1-7-
10	Pueses - (mascure)	
INK. ans: pl	9. Birthplace (Town, county, and state)	
E E		( luis surgiculus u
ie.	10. Usuat occupation.	Due to accidental fall, June 1st, 1946.
ys.	11. Industry or husiness	Que
AD	質 12 Name www.pun	
	I E	Dither conditions
UNF ant.		(Include pregnancy within 8 months of death)
T.T.	14. Maiden name	(include pregnancy within a months of death)
158	Lo	Major findings of operations
WITH UNF important.		Date of op.
>	18. Informant Michel Balabanov	Autopsy results.
PLAINLY, vis especially i	0.0.0	PHYSICIAN: Picase underline the cause to which death should be charged statistically.
23	Address Majoris mergency Dogotal	AN THOUSAND IN A REAL PROPERTY OF THE PARTY
A	17 Cremation Bate thereof 6/8/46	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
PL	(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. Occident Date of malat, 1946
<b>E</b>	Cemetery or cremetery CLOON Will	Where did injury occur? Bay Ringer bast fort a Ca the med
E	100 00 00	(County) (State)
WRITE	Location Dust Claude	Injured at home, tarm, Industry, public place (where?)
	18 Funeral director Disselection agrillar Sous	Means of injury Occidental South Injured et work?
五	18. Funeral director	(8/2) 1 1 -
A	Address Continue Cont	Soft . U. XI
PLEASE	0 10 11	23. SIGNATURE M. D. or other
٩	19. June 8 19 46/ R) 1 1 June	
	(date rec'obstregistrar) Registrar	Address Date signed C. L. Y. G.

MARGIN RESERVED FOR BINDING

JUN 11 1946 BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

. 1		0	5	B	2	7		
· .		V	U	U	U	2	/	
	Reg.	Dia	it.	No.		o	:	

learly and legibly.	City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If oatside city or town limits, write RURAL and give nearest town)  Streel No  (If rural, give LOCATION)		
2		2.(a) It veteran, name war		
deat	Solomon Jackson	3. (b) Social Security Number		
uses of	4. Sex 5. Color or race (a) Siegle, married, widowed, or divorced Single.	MEDICAL CERTIFICATION  20. DATE OF DEATH JUNE 25 1946 21 10 Pa M		
the ca	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that taltended deceased from		
rite	deceased (mo., day, yr.) March 7, 1909	Immediate cause of death DURATION		
e w	8. AGE: Years Months Days If less than one day	Immediate cause of ceats.		
eas	37 3 /8hrsmin.	Ital wound in		
ns: p	9. Sirthpiace Joyce A. A. Co. Md. (Town, county, and state)	Due to		
hysicians	10. Usual occupation Lation	Due to		
hys	11. Industry or business	<i>‡</i> **		
Д.	12. Name 10 navels fackson	Diher conditions		
ant	13. Birthplace 4.4.	(Include pregnancy within 3 months of death)		
important.	14. Maiden name Alleria Policia	Major findings of operations		
imi	E 15. Birthplace A. A. Co.	Date of op.		
	18. Informant Alberta Jackson	Actopsy results.		
ecia	Address Joyce, and.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
especially	17. Burkal Date thereof June 28, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.		
S	(Buriai, cremation, or removal. Which?)  Cemetery or crematory. Carly fall this (month) (day) (year)	Armold At Mainland		
	Location Jones my	Injured at home, farm, industry, public place (where?)		
	18. Funeral director.	Means of Injury Straip in Strument Injured at work? 200		
	Address Marketin Marketin Address	23. SIGNATURE Then M. (laffy M. W. Machina)		
	19. Opte rec'd by registrar)	CAMPIESS Annaportio Med Date signed 6 /27/46		
	<i>(</i>   <i>(</i>   <i>(</i>   <i>(</i>   <i>(</i>   <i>(</i>   <i>(</i>   <i>(</i>			



3. (b) Social Security Number

1. PLACE OF DEATH:

Rosollal, Institution, or

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or tow limita, write RURAL and give nearest town) (If rural, giv LOCATION)

How long in hospital or institution:

n limits, write RURAL and give nearest town)

3. (a) FULL NAME

1870 deceased (mo., day, yr.) If less than one day 8. AGE:

1D. Usual occupation... 11. Industry or business

13. Birthplace 14. Maiden name

15. Birthplace

Address

(Burlal, cremation, or removal. Which?)

18. Funeral director

Address

MEDICA	L CERTIFIC	ATION	
D. DATE OF DEATH June	14	1906 , 21	30
11. I CERTIFY that death occurred on the	date above stated; th		
and that I last saw halive on		Ze .	18.76
mmediate cause of death			DURATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the tollowing;

Accident, suicide, or homicide.....

(City or town) (County)

Injured at home, farm, Industry, public place (where?)

Where did injury occur? .....

Injured at work? Means of Injury

M. D. or other

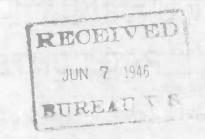
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ADING INK. Supply eve Physicians: please write

important.

especially

WRITE



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			CERTIFICAT	TE OF DEATH Reg. Diat. No	21
1. PLACE OF DEATH:  County			JRAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State Maryland County Anne Arunde  City or town Annapolis Md. (If outside city or town limits, write RURAL and give no (If routs) and (If routs) give LOCATION)  2.(a) If veteran, name war.	earest town)
3. (a) FULL NAME	Samuel	Johns	on Fr.	3. (b) Social Security	Number
4. Sex 5.	Col.	6.(a)Single	, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1946	5.50
B.(b) Name of husband or to 7. Birth date of deceased (mo., day, yr.)		***************	) It allve, give age ****** years	21. I CERNET that death occurred on the date above contest that I attended use	GARLES ATTOM
8. AGE: Years	Months	Days	If less than one day		
15	3	A	hrs. min.	Nrowning	****
9. BirthplaceAnn 10. Usual occupation 11. Industry or business 12. NameS	Scho No	ool St	udent	Due to	
Y 12 Rivingian	Annamol	is Md.		Bther conditions	•• ••••••••••••••••••••••••••••••••••••
H 14. Maiden name W 15. Birthplace	Janet V: South	irginia River l	Id.	(Iaclude pregnancy within 3 months of death)  Major findings of operations	
16. Informant Mr S	amuel Joi Spa. Roa	hnson S d Anna	or. polis Md.	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged and the charge and the charge are should be charged as the charged are s	statisticaBy.
Location Spa.	Rd. and	ury Ce Smith	6/16 /46 (month) (day) (year) metery Smithville ville Rd.extd. Hicks nnapolis Md.	Meens of Injury Of Tonue Injured at work?	13/46 Maryland Cilek no eput eput voyunu
19. Date rec'd by regist	6 19.46 rar)	10	O, O MRegistra	Address Hungorlis Md. Date signed	1/21/111

Registra

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. HMARGIN RESERVED FOR BINDING

VS A15

RECEIVED JUNIO 1946 BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

## CERTIFICATE OF DEATH

	7 700			
and the	1)	Dist	2.10	27
	Reg	. Dist	(No.	Stan

	1,4,00,40
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Anne Arundel	
City or fown Rock View Reach (If outside city or town limits, write RUKAL and give nearest town)	State Md.a. County A. A.
How long in above place of death? 2 I years	City or town Rock View Beach (If outside city or town limits, write RURAL and give nearest town)
Aospital, institution, or street address where death occurred:	
<b>1</b>	Street No
How long in hospital or Institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
GERARD H. JORDAN	none
4. Sex 5. Color or race 6.(a) Slogic, married, widowed, or divorced	MEDICAL CERTIFICATION
male white a married	20, DATE OF DEATH. June 3 1946 , at 7. 15 A M
6.(b) Name of husband or wife. Agnes V. Jordan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Section 1. Birth date of Section 2. Birth date of Sect	October 19 45 to June 3 19 46
7. Birth date of Tana 5 Tana 5	and that I last saw h. i.m. alive on IIay I2 19.46
deceased (mo., day, yr.) June 5 • IB74  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
V	Carcinoma of the stomach 2 years
9. Birthplace Norfolk, Va. (Town, county, and state)	Due to primary
10. Usual occupation boatbuilder	
tt. Industry or business (retired)	Due to
E 12. Name CharlesuV. Jordan	Other conditions
12. Name Charlesu V. Jordan Norfolk, Va.	
14. Maldeo name Josephine" Henderson	(Include pregnancy within 3 months of death)
14. Maldeo name Josephine" Henderson Norfolk, Va.	Major fucius of operations inoperable carcinoma of
≥ 15. Birthplace	stomach & metastases Date of op.
16. Intermant	Autopsy results.
Address P: O. Pasadena, Md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. Rurial Date thereof 6-6-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Tarial (Burial, cremation, or removal, Which?)  Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Baltimore, Md.	Injured at home, farm, industry, public place (where?)
19. Funeral director Milton Schilling	Means of Injury Injured at work?
Address 3914 S. Hanover st., Balto., Md	L. a. Okeit m. b.
The state of the s	23. SIGNATURE A. A. G. Colt.
19. 6 - 19. 46 A. A. O. O. Registrar	Address Casadena, M.A. D. or other Date signed 5-3-46.
( constant	- AUUTCSS

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JUN 5 1946 DUREAU TA

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bal

Reg. Diet. No ...

## CERTIFICATE OF DEATH

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		Same	70	70	4
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ĺ	3	U	ai.	加加	JL.
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
0	State Sud. County a a.
(If outside city or town limits, write RURAL and give nearest town)	
Now long in above place of death? 55 74	City or town
Hospital, Institution, or street address where death occurred:	Street to Old Carroptle Rd.
Old amagodia R.C.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
a Christina Kriss	
4. Sex 5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 18-	MEDICAL CERTIFICATION
Temase What ardowed	20. DATE OF DEATH. 21/25 Am
6.(4) Name of bushaod or wife Heman Kacas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of busbaod or wife	Jane 12 1946, to Jan 21 1846
7. Birth date of	and that I last saw h alive on lawne 2 194 C
deceased (mo., day, yr.) \au , 30 - 1869	
8. AGE: Years   Months   Cays   If less than one day	Immediate cause of death OURATION
~ ~ ~ . /	Circles of Higuesthage 3 lay
9. Birthplace Bal Market Sund (Town, county, and atate)	Ove to Ity pealenges 2-2-
(Town, county, and atate)	
10. Usual occupation House Wife	0.
0	Que 10 Comment of the second
11. Industry or business	
12. Name Drage Schienertog	Other conditions
13. Rirthplace Territory	
14. Maiden name Charles 7	(Include pregnancy within 8 months of death)
E 14. manuel name.	Major findings of operations.
\$ 15. Birthplace Termany	Date of op.
16. Informant Mr. Fred H. Raiss.	Autopsy results
1-1/2010 P. h	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 156 Old Umapoles Road.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whigh?)  Date thereof Mare - 24/1946 (month) (day (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day (year)	
Cemelery or crematory Loudon Carte Cemetery	Where did lujury occur?
Location Boltimore - mod.	Injured at home, farm, Industry, public place (where?)
OR A A	Means of injury injured at work?
18. Funeral director Charles J. Dehwar-	nigane es mijor y
Address 505 N. monroe St.	
0 02-11 00-011	23. SIGNATURE LAND LAND M. D. or other
19 June 1 18 46 J. St. Jedrich	
Powietnau	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

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## CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn Infants give residence of mother)
City of town	State County a County
	City or town
How long in above place of death?	
	Street No. 9.7 Leathers of LOCATION
	(If rural, give LOCATION)
How long in hotelite or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME  Mary Ellen F	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
X	- 1/ / ^
T le widow	20. DATE OF DEATH Serve 25 1946, at 6 17 M
late & Ninefall	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6.(b) Hame of husband or wife	abril 15 1940, 10 time 25 19 46
6.(c) If alive, give ageyears	and that I last saw hald alive on July 1946
7. Birth date of deceased (mo., day, yr.) Seeme 27 - 1870	
8. AGE: Tears Months Days If less than one day	Myseculate Casso of death / Se Myseculate &
0. AU.	1 horas ( mg ces acc)
73 // 29nrsmin.	July July 1
9. Birthplace	Due to.
	allu Jebessis lukerosos
10. Usual occupation. Have work	Que to.
11. Industry or business	Suc (V
MI Dalark Land	
12. Name	Other conditions
13. Birthplace Selone	(Include pregnancy within 8 months of death)
14. Maiden name Bridget Hogan	
6 0 6	Major findings of operations.
E   15. Birthplace	Date of op.
16. Informant Collier 12 Northell	Autopay results
Address 97 bathedral of done gold of	
d	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?)  Date thereo (month) (day) (Sear)	Accident, suicide, or homicide
Il mario	Where did injury occur?
Cemetery or crematory	
Location amagales	Injured at home, farm, Industry, public place (where?)
Ble Harbing	Meens of Injury Injured at work?
18. Funeral director	6 2 6 1
Address and of the man	23. SIGNATURE Lorge C Brown
O al all Marie	M. D. or other
19. Registrar	Titlese Grubally Date signed 6-26.76



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Party	200
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## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore (934)

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## CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
300mt f	State Md. County		
(If outside city or town limits, write RURAL and give nearest town)	Dol + imama		
tow/ong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
	Street No. I600 Bond street		
	(If rural, give LOCATION)		
low long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
MARGARET M. LANG	none		
1. Sex 5. bolor or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH June 8 19 46 at 2. 15 A		
Charles Lang	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from		
6.(b) Name of husband or wife Charles Lang	21. I CERTIFY that death occurred on the date above states; that i attended deceased from 6-6 19.46 to 6-8 to 46.		
	and that I last saw her alive on June 7 19 46.		
deceased (mo., day, yr.) I873	Immediate cause of death		
B. AGE: Years   Months   Days   It less than one day	Auricular fibrillation ?		
73hrsmin.			
Poltimone Md	hy to Myocarditis; Duration, unknown ?		
9. Birthplace Baltimore, Md. (Town, county, and state)	Tonie Cento		
10. Usual occupation housewife	Due to Onterior-relevative Reart Lisease		
1t. Industry or business	DUE TO LATLE ZAGETANA AND AND AND AND AND AND AND AND AND		
Emmsbach (?)	Other conditions Acute cholecystitis 3 days		
Baltimore, Md.			
M. Distributes	(Include pregnancy within 3 months of desth)		
14. Malden name Margaret M. unknown	Major findings of operations.		
15. Birthplace unknown	Date of op.		
16. Informant Rudolph T. Heward	Antopsy results.		
Address Green Haven, P.O. Pasadena, M	CPHYSICIAN: Flease underline the cause to which death should be charged statistically.		
Publicas .	22. VIOLENCE: It death was due to external causes, fill in the following;		
Burial Burial Date thereof 6-II-46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
	Injured at home, farm, industry, public place (where?)		
Location	Means of injury Injured at work?		
tB. Funeral director. H. Sanders & Sons			
Address North ave. & Broadway, Balto, , M	id. die die m. D.		
1. 2 11 04 10 10 10 15	23. SIGNATURE M. D. or other		
(Date ree'd by registrar)  (Date ree'd by registrar)  Registrar	Address Caradess Date signed 6-8-46		



CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:  County ANNE ARUNGEL  City or town MOODLAND BEACH, EDGEMATER MD.  (If outside city or town limits/write RURAL and give nearest town)  How long in above place of death?  Asspital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
OSCAR LINWOOD LAYTON	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced  MALE WHITE	MEDICAL CERTIFICATION  20. DATE OF DEATH  6-4-  1946 21 10 20 20 20 20 20 20 20 20 20 20 20 20 20
6.(b) Name of husband or wife MARY TURPIN LAYTON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) SEPT • 10, 1868	
8. AGE: Years Months Days If less than one day	Immediate cause of death Occlusion / Wal
9. Birthplace. BRIDGEVILLE DEL.  (Town, county, and state)	Due ta Myocardilis Elsonie 1 31:
10. Usual occupation	Due to Hypertensive Cardio 6 gra:
12 Name THOMAS WILLIAMS LAYTON	Other conditions Jewiste #74.
13. Birthplace  14. Maiden name MARY WILSON KINDER  15. Birthplace  DEL'S	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birtholace DEL's	Date of op.
18. Informant Mary J. Faylan	Autopsy results
Address Wight Date thereof James 6 19 9	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal Which?)  Cemetery or crematory.	Where did injury occur?
Location Augusta ONO	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Megas of Injury Injured at work?
Address Address	23. SIGNATURE PARE MAR. D. or other
19. Control of the registrar of the registration of the registrar of the registrar of the registrar of the r	ddress Date signed 6-4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

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. de /	CERTIFICATE OF DEATH Rog. Dist. No. 23				
should carefully be supplied raly and legibly.	1. PLACE OF DEATH:  County  ANNE ARUNDEL  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street address, hoopital or Institution:  310 FIETH AVE SOUTH-EAST.  Stay in hospital or Inst. (yrs., or mos., or days)  NONE  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MARYLAND  County ANNE ARUNDEL  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street No.  310 FIFTH AVE SOUTH—EAST-  (If rural give LOCATION)  2(c) IF VETERAN, NAME WAR			
60	3. (a) FULL NAME BENJAMIN FRANKLIN LONG	3. (b) Social Security N 2/3 - 05-			
em of information causes of death cle	4. Sex  S. Color or race  MALE  S. Color or race  MARRIE D  6 (b) Name of husband or wife CLARA MORRIS LONG	MEDICAL CERTIFICATION  20. DATE OF DEATH 19 %6  21. I CERTIFY that death occurred on the date above stated; that I allended decease the state of the	sed from		
Every ite write the	1. Birth date of deceased (mo., day, yr.)  SEPTEMBER 25, 1874  8. AGE: Years Months Oays If less than one day  11 8 17hrsmin.	and that I last saw h 1 th allve on JUNE 10  Immediate cause of death PULMONARY HEMMORIANE	DURATION 10 mins		
FADING INK. Physicians: please	9. Birthplace RURAL - WATERBURY, ANNE ARWOEL, MARYLAND.  (Town, county, and atate)  10. Usual occupation CARDENTER.  11. Industry or business  BUILDING	Oue to	YEORS.		
5	12. Name ROBERT H. LONG.  13. Birthplace ANNE ARUNDEL WATERBURY  14. Malden name MADORA WATSON	Other conditions (Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN		
VLY, WITH I	16. Informant MRS. CLARA M. LONG.  Address 310 FIFTH AVE - SOUTH-EAST.	Of operations	Please underline the cause fo which death should be charged statisti- cally.		
WRITE PLAINLY ect age is especially	17. Burial  (Burial, cremation, or reproval. Which?)  Cemetery of crematory  Coatlon  Cary  Coatlon  Cary  Coatlon  Cary  Coatlon  Cary  C	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)		
PLEASE WRIT	18. Funeral director of Romas W. Surghton.  Address Flow Burnie M.  19. Mule 12 1946 Moneralba	Means of Injury Injured at work?  23. SIGNATURE Henry F. Zangara, M. D. o	1.D.		

Address Date rec'd by registrar)

Regiatrar



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VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: County, Organ Adversage	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. H. C. City or town limits, write RURAL and give nearest town) How long in above place of death? 3.4116 22 5 416	State County
How long in above place of death?	(if outside city or town limits, write RURAL and give mearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1/21 Ederufica (RS-7111)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colones married	20. DATE OF DEATH 9
6.(b) Name of husband or wife Make 1 J. Matthews	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
	June 22 18 46, 10 June 30 19 46
7. Birth date of 7. A 7. A 7.	and that Gest saw h. A. alive on June 3.5 19.46.
deceased (mo., day, yr.) U/Y, 1897 (37)  8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death DURATION
58hrsmin.	Cerebrol Tremorthage 2 Four
9. Birthplace	Due to.
10. Usual occupation. Clerk U.S. Govt retired	
	Due to
11. Industry or business	
E CONTRACTOR OF THE CONTRACTOR	Differ conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
	Date of op.
16. Informant Mabel T. Matthews	Antopsy results
Address 1121 Columbia Road, N.W.	22. VIOLENCE: If death was due to external causes, fill in the following;
Addises //2/Columbia Todd NN 117 Grove 30-146  (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Washington Ton SE	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Relation	Means of Injury Injured at work?
18. Funeral director	
Address 1000 - 9	Des SIGHATURE W a Wello Jr.
19. Just 30 19. 4 6 A Registrar	1161 First St. nw. (M. D. or other
Applied and testing the property of the proper	Address. LL. Crolings system. Date signed. John 76

RECEIVED JUL 2 1946 BUREAU V.S.

Says Complete

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

05648

CERTIFICAT	TE OF DEATH  Reg. Diat. No.
1. PLACE OF DEATH:  County And Pleasant Beach, Pasadena Pour (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate
How long In above piace of death? Hospital, Institution, or street address where death occurred:	(if ourside city or town limits, write RURAL and give nearest town)  Street No. (if rural, give LOCATION)
3. (a) FULL NAME William D. Mc. Kin	2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex  1. Lolor or race L.(a) Single, married, wloowed, or divorced  Male White Wisdower	MEDICAL CERTIFICATION  20. DATE DE DEATH SAT. June 22 nd, 1946, 21 4100 M
6.(c) Name of husband or yee	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4 to 19
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)  11. Industry or business	Due to
12. Nam 12. Nam 13. Birthplace 2nd.	Other conditions  (Include pregnancy within 8 months of death)  Major Endings of operations.
16. Interment Lilliam N. Maximage (for Address 203 Hammond in Love J. a. Co. 25,7)  17. Marial Date thereof. Mark 25. 12.66	Autopsy results
Cemetery or cremators (Location Location Locatio	Where did injury occur?
Address 400 f. Charle A. Balto 30, 20  19. (Date rec'd by registrar)  18. Funeral directory  (Date rec'd by registrar)	Address Later Lead L. Bace J. Su. 5  M. D. or other  Address Later Lead L. Bace J. Su. 5  M. D. or other  Date signed 6-32-46

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05649

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH MANS) Area Les	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ches about Par	State Mary LAND County
City or town	City or town BALTIMOY C
How long in above place of death?	(If outside city or town limits, write RUKAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1546 BOYLE ST.
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
l'largaret E. 1	Metzger
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDIGAL CERTIFICATION about
Female White SINGLE	20, DATE OF DEATH TIME 9 19 46 at 5P M
	21. I CERIFFY that death occurred/on he date have stated; titles the control of t
6.(b) Name of husband or wife	Propreten Examination
7. Birth date of The second se	sossources June 15 19 He
deceased (mo., day, yr.) UECEMber 18, 1936	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
15 5 24hrsmin.	NAOWING
9. Birihplace BaitiMote, Md.  (Town, county, and state)	Due to
10. Usual occupation at Home	
11. Industry or business	Due to
	Other conditions
12. Name Chayles E. Metzgey  13. Birthplace Baltimore Ma.	
	(Include pregnancy within 3 months of death)
The maiden name The state of th	Major findings of operations.
- 1 CHI. A	Autopsy Vesults.
18. Informant James Melton (Jup 9	Autopy results
Address 1546 Boyle St, Baltimote, Md	
17 Pagement - Date thereof June 19, 1946	22. VIOLENCE: If death was due to external gauses, Ill in the following:
(Burial cremation, or removal Which?)  Date thereof (month) (day) (year)	Where did Injury occur? Wreadia Black, A. R.
Cemetery or crematory	Where did injury occur? (City or town) (State)
Location a. a. Co., wol.	Injured at home, farm, Industry, public place, (where?)
1 12 May of Grans	Means of Injury Arowning Injured at work? Ho
1B. Funeral director.	and an Verse Min medical
Address 400) - March 47 - March 7	23. SIGNATURE DAY 1. C. S. Xaucuses. M. D. or other
19 June 10 18 46 Westedness	1 thrushot 185 6/15/41
(D'te rec'd by registrar) Registrar	Address Munipolis Md. Date signed 6/15/46

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (920)

LLIII	(15	65
	UU	UU

## CERTIFICATE OF DEATH

Rev. Dist. No.

	1.05, 5100	
1. PLACE OF DEATH:  County Anne County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give rysidence of mother)	
City or lows	State County Manage Manage	
How long to above place of death?	City or town. Ut outside city or town limits, write HURAL and give nearest town)	
Hospitat, Institution, or street address where death occurred:	Street No. J. J. J. J. J. J. Land. N. (If rural, give LOCATION)	
New James In Assessed on Institution 2		
How long in hospital or institution?	2.(a) if veteran, name war	
3.(a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Lofor of race L.(a) Single, married, yieldwed, or divorced	MEDICAL CERTIFICATION	
plude Mua Married	20. DATE OF DEATH AND SOLL SOLL MEDICAL MEDICA	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) It alive, give ageyears	May 15, 146 10 June 25, 19 46	
7. Birth date of deceased (mo., day, yr.)	and that I last saw e.r. alive on June 24, 19.46.	
8. AGE: Years   Months   Days   Wiess than one day	Immediate cause of death Coronary throm- bosis assoc. With aortic re- 15 hours	
76 15hrsmin.	gurgitation of heart.	
9. Birthplace Collinson, Mal	Due to.	
(Town, county, and state)	000 10.	
1B. Usual occupation ous our fo	Due to	
11. Industry or business		
12. Name 1 1. Name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other conditions General arterip-	
	sclerosis; chronic arthritis. ?  (Include pregnancy within 3 months of death)	
14. Matein name	Major findings of operations	
15. Birthplace mountained	Major Ludiugs of operations.  Date of op.	
16. Informant / Main to Markets Muslim	Autopsy results.	
Address 61 - W. 15th aux. Burgh lan At m	PHYSICIAN: I tease under ine the cause to which death should be charged statistically.	
10 10 10 10 100	22. VIOLENCE: It death was due to externat causes, fill in the following;	
(Burnet, Fremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Control of	Where did injury occur?	
Location Sune Prendel County Met	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Al Loword Evans	Means of Injury tnjured at work?	
1100 KOB 0 110 11 04 2	VAL Dia a 11 10	
Address 400 Charles Fr. Mollo, 30,	23 SIGNATURE Tarry Decle W.D. or other	
19. (Date rec'd by registrar)  Registrar	Address 1226 Hanover St. Date signed 6/26/46	

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-6)

## CERTIFICATE OF DEATH

Reg. 0565123

1. PLACE OF DEATH: County, annu arundul.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md. County A. A. Co.
How long in above place of death?	City or lown. Glen Burnie (If outside city or town limits, write RURAL and give nearest town)  Street No. 104 Oak Lane
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Richard J. Morris	3. (b) Social Security Number none
4. Set  S. Color or race  (a) Single, married, widowed, or divorced  Male  Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife Elyabor D. Morro.  6.(c) If alive, give age 6 6 years  7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) how 29, 1872	and that I last saw h. allve on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Caseer one of the Leag 6 month
9. Birthplace Ss. Mary Co. md- (Town, county, and state)	Due to. Car en ano of 14 mostote 18 months
10. Usual occupation State Same Warden.	Due to.
12. Name. Stevenson notes.  13. Birthplace S. Mary Co. Mr.	Other conditions
14. Malden name. Margusch  15. Birthpiace St. Mary to. 22 d	(Include pregnancy within 3 months of desth)  Major findings of operations.  Check and Proof &
16. Informant Mr. R. J. Norres	Autopsy results.
Address Flis Burney. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 6/6/46 (month) (duy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location A . A . Co., Md.	Injured at home, farm, Industry, public place (where?)
18. Funerat director WM. J. TICKNER & SONS	Means of Injury Injured at work?
Address Balto., Md.	23. SIGNATURE Lame & Dellengola. M. D. orgther
19. 6/5 (Date rec'd by registrar) 19 16 A-W- Hedrich DM Registrar	Address Slea Burner md. Date signed June 3. 1946

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CERTIFICAT	E OF DEATH  Rog. Diat. No. 2
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants eive residence of mother)  State  County  City or town  (If outside city or town limits, write RURA and give nearest town)  Street No  (If rurai, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME William J. 6'	Mearce 3. (b) Social Security Number
Male White Single, married with whole	MEDICAL CERTIFICATION  26. DATE OF DEATH JUNE 7 19 45
8,(b) Name of husband or wife	21. I CERTIFY the death occurred on the date above stated: that I attended deceased from 5-29- 1946.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day	Immediate cause of death
9. Birthplace	Due to Pungline yourd 3 day
16. Usual occupation	Oue to.
12. Name H. Sellion . O Mearo	Other conditions and Service Surgarene infection I day
14. Maiden name. Jane Martin  15. Birthplage Christophe Md.	(Include pregnance within 8 months of death)  Major findings of operations
18. Informani His & William Martin	Autopay results
17	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Location Communication Communi	Where did Injury occur? (City or town) (County)  Injured at home, farm, Industry, public place (where?)
18. Funeral director Allen Ply Very Car of Some	Means of Injury Stack Market of Hoppinjured at work?
19. Oper rec'd by registrar)	Address January Search Date signed 6-2-40

RECEIVI JUN 4 1946 BUREAU T

05653 Reg. Diat. No.

## CERTIFICATE OF DEATH

PLACE OF DEATH:  Ounty Anne Arundel County  Outly or lown Crownsville, Maryland  Outly or lown in above place of death?  Outly or lown street address where death occurred:  Crownsville State Hospital  Ow long in hospital or institution?  Outly DEATH IN INSTITUTION  Outline Arundel County  Outline Arundel County  Outline Arundel County  Stata Maryland  Outline City  Oity or town Cit outside city or town limits, write RURAL and give nearest town)  Oity or town Cit outside city or town limits, write RURAL and give nearest town  Oity or town Cit outside city or town limits, write RURAL and give nearest town)  Outline Trunk Straat No.  Out	at town)
ounty	st town)
(If outside city or town limits, write RURAL and give nearest town)  (ow long in above place of death? 3 days  lospital, institution, or street address where death occurred:  Crownsville State Hospital  (ow long in hospital or institution? 3 days  (or outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)  (if outside city or town limits, write RURAL and give nearest town)	st town)
low long in above place of death?	st town)
cospital, Institution, or street address where death occurred:   Crowmsville State Hospital   Crownsville State Hospital	<u>,</u>
Crownsville State Hospital (If rural, give LOCATION)  low long in hospital or institution? 3 days  2.(a) If reteran, name war.	
2 (IV C : 1 C · 1	
3. (a) FULL NAME OVERPOON I I I I I ANI	**************
OVERTON - LILLIAN Unknown	amber
Sex 5. Color or race 6.(a) Single, marriad, widowed, or divorced MEDICAL CERTIFICATION	
female black single 20. DATE OF DEATH. June 12 18 46	12:45 A
24 I CERTIEV that death accurred on the date shows stated: that I stfemded decease	
June 10 19 46 to June 12	11 46
6. (c) If aliva, give aga yaars and that I last saw her aliva on June 12	46
dacaased (mo., day, yr.) 8/2/1902 Immediats cause of death	DURATION
	nown to
	s since
Haltimore, Maryland Cerebral Hemorrhage	s/since 6/10/46
Baltimore, Maryland  (Town, county, and state)  Due to. Cerebral Hemorrhage	***************************************
10. Usual occupation Housework Bueto Hypertensive Cardio-vascular	000000000000000000000000000000000000000
11. Industry or business Disease	
12. Name Other conditions 15 your of the conditions	nown to
13. Birthplace unknown  Arteriosclerosis  (Include pregnancy within 3 months of death)	s since
di Cora Sharp	110/40
14. Maiden name.  Baltimore, Maryland  Major fieldings of operations.	
Uate of op	
Hospital Records Autopsy results.	
Address Crownsville, Maryland PHYSICIAN: Please underline the cause to which death should be charged sta	atistically.
22. VIOLENCE: If death was dua to external causas, fill in the following:	
(Burlal, cremation, or removal, Which?)  Date thereof (pointh) (point) (year)  Accident, suicide, or homicide.  Date of	
Cametary or crematory Aulysters Mulicial PK, Where did injury occur? (City or town) (County)	(04-4-)
	State)
Location (Stallo (Smuly Mel) Injured at home, farm, Industry, public place (where?)	
18. Funeral director houses of the Means of injury Injured at work?	
Address 510-5124 Canollinais	413
	other
19. Date ree'd by registrar)  Registrar  Addrass Crownsville, Maryland  Date signed  Date signed	12 11 /

UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important.

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PLEASE

JUNIA 1946
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2411 N. Charles St., Baltimore 36-94

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Reg. Dist. No. ....

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

CERTIFI	CATE	OF	DEA	TH
---------	------	----	-----	----

Crownsville, Maryland  (If outside city or town limits, write RURAL and give nearest town)  (ow long in above place of death?  (ospital, institution, or street address where death occurred:  Crownsville State Hospital  (ow long in hospital or institution? 4 months, 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland Prince George's  State County  City or town Marlboro  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war
PINKNEY - GEORGIANNA	3. (b) Social Security Number
female   5. Color or race female   5. Color or race female   black   single (?)	MEDICAL CERTIFICATION  20. DATE OF DEATH. June 2  10. 46 at 2:16 A m
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  January 30  19. 46, to June 2  19. 46  and that I last saw h. er alive on June 2  18. 46
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	General Arteriosclerosis  General Arteriosclerosis  Us since
3. Birthplace	Due to. 1/30/46
12. Name	Other conditions Senile Psychosis - Syphilis Known to us/since (Include pregnancy within 3 months of death)  Major fieldings of operations.
unknown  15. Birthplace unknown  Hospital Records  Crownsville, Maryland,	Astopsy results
17. Burial, cremation, or removal. Which?  Cemetery or crematory. For follow  Location	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
18. Funeral director  Address Croupusule Ind  19. 6/( 196 27 Joyc Porce (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Crownsville, Maryland Date Signed 6/2/46



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7.	74	17	M.	2
v	42	58	-9	,

05655 Rog. Diat. No.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infagts give respience of mother)
My Plan is the Proces -	State Maryland County and China China del
(If outside city or town limits, write RURAL and give nearest town)	City or town mellewille ms
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mary & A Rame	3. (b) Social Security Number
4. Sac) 5. Color or race B.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
Truial while Hidowed	20. DATE OF DEATH. 2000 4 19 46 21 9 5 574
1 1 1 1 0	
8.(b) Nams of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(c) If alive, give age	1 7 2 41
7. Birth date of deceased (mo., day, yr.) about 1866	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
£0hrsmin.	disease
9. Birthplace St Marys Co, Md	many and al diamentaling
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation. House longe	
	Oue to
11. Industry or business	
12. Name 12. Name 21 Muryo Co May	Other conditions
5 maggard - a. Wedn	(Include pregnancy within 3 months of death)
14. maiden name	Major fiadings of operatious
15. Birthplace St Merry, Co Md	Bate of op.
16, Informant Dr. W. Ball use	Autopsy results
Address & Charleouts Place	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 1 1011	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burlol, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory, Baldwin Meur. Cenny.	Where did injury occur?
Location Severy eron Road aa. Co.	Injured at home, farm, industry, public place (where?)
tB. Funeral director John O. Mutchell Hons	Means of Injury Injured at work?
Address 400 Estau Place	OAM as Newer
0 1	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Au Kadee M. Registrar	Address Millusville med Date signed 6-4-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death bearly and legibly. MARGIN RESERVED FOR BINDING

VS A16

## CERTIFICATE OF DEATH

Reg. Dist. No .... 2. USUAL RESIDENCE (HOME) OF DECEASED: (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION that death occurred on the date above stated; that I allended deceased from DURATION

of information carefully. The cses of death clearly and legibly. Hospital, Institution, or street address where death occurred: How long in hospital or Institution? 3. (a) FULL NAME deceased (mo., day, yr.) 8. AGE: please Physicians: 10. Usual occupation.... 11. Industry or business important. especially PLAINLY (Burial, cremation, or removal ASE

rec'd by registrar)

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

How long in above place of death?..

If outside city or town limits, write RU AL and give nearest town

Means of injury

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: tt death was due to external causes, till in the tollowing:

Where did injury occur? .....(City or town) (Connty)

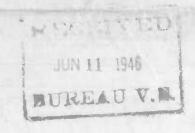
(Include pregnancy within 3 months of death)

injured at home, tarm industry, public place (where?) ...

tnjured at work?

23. SIGNATURE

M. D. or other



into the three transfer and the first transfer

THE PERSON NAMED ASSOCIATION OF THE PERSON NAMED IN COLUMN TWO IN COLUMN

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33



## 05657

Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: Anne Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)		
Otty or town Fort George G. Meade, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Dropped dead in Theatre #1 Hospital, Institution, or street address where death occurred: Admitted to Regional Hospital, Fort Geo.			State Maryland County Anne Arundel  City or town Severn  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  Soldier, Regular Army 26 yrs		
How long in hospital or			**************	2.(a) II vertrain, traine was	
3. (a) FULL NAME	EDWARD C.	RENEE		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorce	ed	MEDICAL CERTIFICATION	/appro
Male	White	Married		20. DATE OF DEATH 21 JUNE 19.46	
7 Right date of		Renee (Wife) d., Atlanta, Ga. (S) 6.(c) Hallve, give age	W) years	21. I CERTIFY that death occurred on the date above stated; that I attended decease Seen dead only 19 to 19 and that I last saw h	ed from19
	July 26,			Immediate cause of death My.ocardial insufficiency	DURATION
8. AGE: Years 49	Months 10	Days It less than one day 25hrs.	min.		***************************************
		Canada unty, and state) //Sg.t) Army	•••••	Due to Coronary Occlusion "old"  Myocardial Infarct "old"  Due to Coronary Sclerosis	
12. Name	***************************************			Other conditions	0*************
8				(Include pregnancy within 8 months of death)  Major findings of operations. None performed	
16. Informant Med		rvice Records	7	Antopsy results. Confirmed as above PHYSICIAN: Please underline the cause to which death should be charged st	
Address U • 5 • 17 Remove (Burial, cremation, Cemetery or cremator)	or removal, Which?)	Date thereot (month) (day) (attersen + Sc.	146	22. VIOLENCE: If death was due to exteroal causes, fill in the following;  Accident, suicide, or homicide	(State)
Location /	11	N Blista	· ·	Means of Injury Injured at work?	
Address  Address  19. 21 June (Onte rec'd by reg	914 Bell 19 L6	air Swed	Registrar	23. SIGNATURE Cleason E Gasnell Cap CLEASON E. CONFILL, Capp. M. D. or Address Regional Hosp. Ft. Medal Market signed?	10 1. 0
		Lt	MAC		0

THE SECOND CONTRACTOR OF THE SECOND CONTRACTOR

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A series of the series

CERTIFICATE OF DEATH

BUREAU V.B.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

M	11	1	0	-	83
-		7	Fa	2	Jan.

Reg. Dist. No.						
1. PLACE OF DEATH: NE FRUNDEL	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)					
City or town.  (If outside city or town limits, write RUKAL and give nearest town)  How long in above place of death?  How long in above place of death?  How long in above place of death?  HONOUNGED DEAT ON ARRIVAN  HOSPITAL  HOSPITAL	Street No. 180 Penn Ave. (If rural, give LOCATION)					
How long in hospital or institution?	2.(a) If veteran, name war					
3.(a) FULL NAME JACKSON Z. RU	3. (b) Social Security Number					
4. Sex MALE WHITE SINGLE	MEDICAL CERTIFICATION  20. BATE OF DEATH  MEDICAL CERTIFICATION  19.46  P. M.					
6.(b) Name of hushand or wife	21. I CERTIFY that death occurred on the date above stated; partial allended deceased from					
7. Birth dato of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION					
20 11 3hrsmln.	HEMORRHAGE					
9. Birthplace	LINCERH TION OF THYROLD					
10. Usual occupation Student	Due to LACERATION OF LEFT JUGULAR					
12. Name Refus Ruble West Va.	Other conditions VEIV.					
14. Maiden name Jessie McGranaham  15. Birthplace Shirley, West Va.	(Include pregnancy within 8 months of death)  Major findings of operations					
16. Informant (Records) Nr. Fish  Address Cameron W. Va.	Autopsy results					
Removel  (Burial, cremation, or removal, Which?)  Oate thereof June 16, 46  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. December 1. Bate of 6/15/46.  F. D. E. WOLLEN A. D. MARY AND					
Cemetery or crematory	Where did injury occur? F. D.G.E. WHITER					
Location Cameron, W. Va.	Injured at home, farm, industry, public, place (where? THACTI. DN Hamys = 2 + 2 14.  Means of injury Collection With auth injured at work?					
18. Funeral director Ben L. Happing	at ment MI mesual					
19. June 16 19 46 Deference	Address Alle botts Man Bate signed 6.15/46					

W.

JUN 19 1946
BUREAU V S.

PERSON AND ATTACHMENT OF STREETING

2411 N. Charles St., Baltimore 3

## CERTIFICATE OF DEATH

	Nog. Dist. 110.
1. PLACE OF DEATH: County Corended do	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)
D. a.b.l. N.b.	State 940 County C. G. 60
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAD and give nearest town)
How long in above place of death?	Street No. 100 2 2 2 Clerk.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Serla Schull	4 212-10-5156
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Herale While Single	20. DATE OF DEATH. 12.279.11
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 the 10 June 15 19 th
7. 6irlh date of deceased (mo., day, yr.) 01, 00. 2), 1880	and that I last saw h
8. AGE: Years Months Days If less than one day	corpus arthura
65 0 24min.	
9. Birthplace (Town, Junt state)	Due to Haypulining with
1B. Usual occupation as home	1 miculai diasar
11. Industry or business	Due to
	Dther conditions
12. Name Michael Schully 13. Birthplace	
= 14. Majden name Assaust a 9a. Achuestes	(Include pregnancy within 3 months of death)
14. Maiden name. Afraquest a M. Achuester.	Major findings of operations
16 Jacomant, Mrs. Mary Lacker Vister)	Antonsy results.
Address 100 W 2 nd At. a. 4. 6. ha	PHYSICIAN: Please underline the cause to which death should be charged statistically.
121. 1. 1 Jan 18,1941	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Sural, cremation, or removal. Whieb?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location (5 afto: )	Injured at home, farm, Indusfry, public place (where?)
18. Funeral director A Courand Trans	Meens of Injury Injured af work?
Address 1400 & Charles for - Balta	30 mg. P. W. Keis to mo
" Charles 12 " 44 14 The dais he	23. SIGNATURE M. D. or other
19	307 660 10 VA (111 4114117/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

(Louis Siegr

correct age

information carefully. The coof death clearly and legibly.	County Anne Arundel City or town (If outside eity or town I How long in above place of death? "" Rospifal, institution, or street address where	mits, write RURAL and give nearest town) EMAS (SAME) (MAS) death occurred:
rior r cl	How long in hospital er institution?	
ormati	3. (a) FULL NAME LOUIS SIEG	PIST. JR (Louis S
	4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced
VDING tem of causes	MALE WHITE	MARRIED
VED FOR BINDING Supply every item of asse write the causes		6.6. If alive, give age 4.7
ERVED I	8. AGE: Years Months	Bays If less than one day 22hrs.
RESER.	9. Birthplace BALTIMOR PresTreas TAL  10. Usual occupation AATA  11. Industry or business AATA  11. Industry or business	B-461211-5-5
A FI	E 12. Name L.O.U.13 5	Siegrist MODE, MO
WITH UN important.	14. Maiden name MARY	
Z A	18. Informant JOSEPH L	. Young

Burial (Burial, cremation, or removal, Which?)

Cemetery or crematory

(Date rec'd by registrar)

Location

Address 4309 SPRINCOALE AVE, BALTOMD

4510 Liberty Heights Ave.

Bate thereof June 15,1946

Registrur

Address.

1. PLACE OF DEATH:

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
State	ły	0000-
City or town. BALTIMOR (If outside city or town limits,	write RURAL and give nearest town)	
Street No. 3.716 Hitah	SDA LE	04000
2.(a) If veteran, name war	WARI	
ist, Jr.)	3. (b) Social Security Number	
MEDICAL CE	RTIFICATION	
	me 13 19 HC at 4'	5 M
21. I CERTIFY that death occurred on the date above the second of the se	e stated: that + attended decreased from  EXA M + N A T 19.0	N.
Immediate cause of death	DURATIO	N
Coronary &	infolisin sudd	en
Duo to	4.0	
	Bleson 2 year	4.
Due to		********
Other cooditions		
(Include pregnancy within 8 me	onths of death)	
Major findings of operations		
***************************************	Date of op	
Autopsy results		
22. VIOLENCE: If death was due to external cause	es, filt in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County) (State)	*****
Injured at home, farm, Industry, public place (when	re?)	
Means of Injury	a Injured at work? Deput	5
SIGNATURE JOHN M. C	offy M. Sxaus	net mi
1/81 4 . 0	4 - 4	

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /68

## CERTIFICATE OF DEATH

05661

Reg. Dist. No. 2

1. PLACE OF DEATH:  Anne Arundel Co.			ol Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland County Anne Arundel		
Cily of town			URAL and give nearest town)	State. Manager County County		
Now long in above place	of death? 31	years	***************************************	Cily or town Annapolis Md. (If outside city or town lin	nits, write RURAL and give ne	arest town)
Hospital, Institution, or	street address where	death occurred	l:	Street No. 117 Northwest		
117 Nort	hwest St.	******************	······································	(If rural, g	ive LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war.	************	HHHH
3. (a) FULL NAME					3. (b) Social Security	Number
	Marian Je	-			None	9
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAD	CERTIFICATION	1.00
Female	Col.	Ma	arried	2D. DATE OF DEATH.		1 5 - A M
6.(b) Name of husband	or wife John F	Ienry S	Simms	21. I CERTIFY that death occurred on the date	abanalated; that t attended dose	accd from
			e) If alive, give age	Vost mo Here	Oxamen ate	OL 19
7. Birth dale of deceased (mo., day, yr	\ T-=7 E	1915	,, 6	and that I last saw halive_ng	June	1 19 46
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		DURATION
30	11		hrs mln.	Dans	. C. St. 10	· Reserved.
9. Birthplace Ar		A . A	A. Co.		g Skull	wolfeld Without
	(Town,	county, and s	tate)	Due to		***************************************
1D. Usual occupation	House	wife	***************************************	Due to		***************************************
11. Industry or business				<b>Due 10</b>	•••••••••••••••	1
≝ 12. Name F1	ed Jennin	gs	***************************************	Other conditions		* *************************************
12. Name F1	. A. Co.	Md.				
H 14. Malden name	Martha Ba	ily		(Include pregnancy within	3 months of death)	
14. Malden name 15. Birthplace	Waterbury	A. A.	Co. Md.	Major findings of operations		
16. Informant John	Henry Si	mms		Antopsy results		
			nnapolis Md.	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
Dunia	1		6/ - / 1.6	22. VIOLENCE: If death was due pexternal		15.111
(Burial cremation	or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Dale of	15/146
Cemetery or cremator	, Brew Hil	1 Ceme	tery	Where did injury occur?	(County)	Haryland (Strike)
Location Wes	t St. Extd	. Anna	polis Md.	Injured at home, farm, Industry, public place		uc
18. Funeral director. Mrs Charles E. Hicks			icks	Means of Injury Not Known	Injured at work?	NO
Address 45 Northwest St. Apprapolis Md.			apolis Md.	1 John Mila	The M. A. mie	dienif
10 June 4 10 46 11 Truck				25. SIGNATURE A LILL IN COT	M. D.	or other
Late rec'd by reg	strar)		Registrar	Address Tunapour	Date signed	0/3/46

RECIDEVED JUN 5 1946 BUREAU V-8 1. PLACE OF DEATH:

How tong in above place of death?.....

How long in hospital or institution? 3. (a) FULL NAME

Wospital, institution, or street eddress where death occurred:

June

Mooths

(Burial, cremation, or removal, Which?)
Cemeters or cremators, Walklu

County. City or town

4. Ser

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

18. Usual occupation ... 11. Industry or business

13. Birthplace

15. Birthplace

Address

Location

Address

16. Funerat director

(Date rec'd by registrar)

Years

2411 N. Charles St., Baltimore 932

05669

	10	V	V	V
-				

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:  (For powboru infants/give residence of mother)
State Maryland couply and arms
City or town (If outside city or town limits, write RURAL and give nearest town)

(	If outside city or town limits, write RURAL and give nearest town)
Street No	
	(If rural, give LOCATION)
2.(a) if veteran, n	ame war none

	3. (b) Social Security Number
	none
MEDIC	CAL CERTIFICATION
20. BATE OF DEATH. Fur	2 16 1946 at 124
	ne date above stated: that lattended deceased from  1943, to 1944
Immediate cause of death	DURATION DURATION
Que to.	Market Lift
Bue 10	
Other condition	withing months of deum)
Major findings of operations	
***************************************	Bate of op.

Antoney	results											
PHYSIC	IAN: Ptease	underline	the	CRUSE	to	which	death	should	he	charged	statisticall;	y.

22. VIOLENCE:	If death was due to external causes,	fill in the following;
Applicant outside	or homisida	Rais of

Accident, suicide	e, or homicide	. Date of	**********************	000
Where did injury	occur?(City or town)	(County)	(State)	• • • •

	(010) 01 00 1111)	(00000)
tajured at home, farm, industry,	public place (whe	ere?)

means of injury		(illinies al motal			
			7		
	0		//		
	-	/	1/		

	22	SIGNATURE.	Fle	32	Les	it
ı	23.		1.	Title Committee of the	-	M. D. or

### MARYLAND STATE DEPARTMENT OF HEALTH

62 years

anne arunde

town limits, write RURAL and give nearest town)

.B.(c) If alive, give age ...

If less than one day

(month) (day) (year)

age

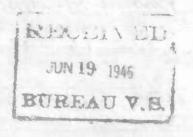
UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly. WITH UNF important.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, is especially

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore



05663

			CERTIFICAT	TE OF DEATH	Reg. Diat. No	44
How long in above place	Anne Eastport tside city or town of death? Si treet address where th Street	Anne St	URAL and give nearest town) ae 8, 1946 rt Md.	A	of mother)  County Delaware Co.  Outside Phila I  Imits, write RURAL and give near  give LOCATION)	lumber
6.(b) Name of husband of	r wife	*****	************************************	21. I CERTIFY that death occurred on the date	e above stated: that lattended decea 19.46 to June 2	7 19 4 6 18 4 6
8. AGE: Years	Monihs 2	Days	tf less than one day	Immediate cause of death	y soll- leves	DURATION
10. Usual occupation	Housewi	fe None	lor	Due to		
14. Maiden name	Chaney Pa Lydia Chaney Pa	Pierce		(Include pregnancy within Major findings of operations		
Address 515 Shipped (Burial, cremstion,	4th St. E	CastPort		PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to externa	o which death should be charged st il causes, fill in the following;	
Cemetery or cremator	Doyles	Town (		Accident, suicide, or homicide	wn) (County)	(State)
Location Doyles Town Pa.  18. Funeral directoMrs Charles E. Hicks  Address 45 Northwest St Annapolis Md.				Meens of injury  1023. SIGNATURE	Injured at work?  Allen Na A	(O,
19. (Pate rec'd by reg	28 19 4 K	2. //	J, MRegistral	Address 17 Carrol	P ST. Date signed C	,-27-45

RECEIVED

BURLAUV.S.

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

A = A	
1. PLACE OF DEPHINE Strundel	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Egypewborn Infants give residence of mother)  State  State  County France
City or town	City or town Odewon
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. The Meade Coal.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Trank M. Taylor	S. (6) Becauty Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20
male white married	_ 2D. DATE OF DEATH June 14 1946 at 2 - A
8.(4) Name of husband or wife Florence Taylor	21. I CERTIEY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	ars 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
64 8 12hrsml	in land are embolism 4 week
Tale da Ohio.	
9. Birthplace (Town, county, and state)	Due to Carenary Sales on Corean
10. Usual occupation store - Keeper	Jak Mary Constitution of the Constitution of t
11. Industry or business, general merchandese	Due to
12. Name Fred Paylor  13. Birthplace England	··· Other conditions
13. Birtholace England	
	(Include pregnancy within 3 months of death)
14. Malden name Margaret Mc Keurie  15. Birthplace  Canada	Major findings of operations
E   15. Birthplace	— Date of op.
16. Informani Mys. Florence Paytor	Autopsy results.
Address Odenton Mary land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof June 17 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or grematory 170/4 CY055	Where did injury occur?
Location Cada + Hill, Brooklyn, Mu. R.F.D.	Injured at home, farm, industry, public place (where?)
18. Funeral director Thomas W. Dingleton	Means of Injury Injured at work?
Address Glew Burnel And.	John Molake MA.
On the state of th	23. SIGNATURE M. D. or other
19 July 19 46 Vrestalla	Aunabrolis ma

Registrar

Address.

Aunapolis,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

.1946....

Date rec'd by registrar)



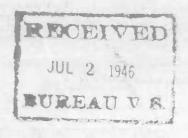
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DURATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consession is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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	CERTIFICATE O	F DEATH	Reg. Dist. No. 2/
1. PLACE OF DEATH:  County  City or town  (If outside city of town limits, write RURAL ar  How long in above place of death?  How long in hospital or instilution?	State.d State.d City or Street	town (if outside city or town lim.	its write RURAL and give nearest town)
3.(a) FULL NAME Lucy	Taylor		3. (b) Social Security Number
9. Birthplace	give age general gener	TE OF DEATH. Line CERTIFY that death occurred on the date a	3 months of death)
Address / of week At an	PHYS  22. Vi Accide Where  Injured Meene	iOLENCE: If death was due to external cent, suicide, or homicide	which death should be charged statistically.  causes, fill in the following;  Date of



- - - -

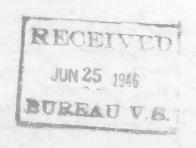
(Date rec'd by registrar)

# VS A15

### CERTIFICATE OF DEATH

			1
Reg.	Diat.	No	Lef

1. PLACE OF DEATH:  County  City or town  (If outside city or sown limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
Georgiana Thom	S.(0) Social Security Humber
4. Sex 4. Sex 5. Color or race 4. Sex 4. Sex 4. Sex 5. Color or race 5. (a) Single, married, wildowed, or divorced 4. Sex	MEDICAL CERTIFICATION  20. DATE DE DEATH. 4 COLLET 21 19 4 6.21 3:15 PM
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  19. 46. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  4 19	Immediate cause of death DURATION  Order of State of Stat
9. Birthplace Question (Town, county, and state)	Due Or Julios that haffint; about
1D. Usual occupation	Due C. Arkens felleroses Junior
12. Name	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
16. Informant. Due. Clase Oplusher	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory St. line Cemetery	Where did injury occur?
18. Funeral director. John M. Teylor & San	Means of Injury Injured at work?
19. June 2 4 19 46	Address Kein-af the had Date signed 6/21/46



M. D. or ther

CERTIFICA	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Anne Arundel  City or town Annapolis Md.  (If outside city or town limits, write RURAL and give nearest town)  Street No. 21 Clay St.  (If rural, give LOCATION)  2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Lizzie Thomas	None
4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced Female   Col.   Marrie d  6. (b) Name of husband or wife   Wardell Thomas	MEDICAL CERTIFICATION  20. OATE OF OEATH
7. Birth date of deceased (mo., day, yr.) March 17, 1876  8. AGE: Years Months Days If less than one day 70 2 hrs. min.  9. Birthplace	and fhaf i last saw h. T. alive on 19.4 de 9 19.4 de 1
Address 21 Clay St. Annapolis Md.  17. Burial Date thereof 6/12/46 (Burlal, cremation, or removal, Which?) Cemelery or crematory Brew Hill Cemetery Location West St. Extd.  18. Funeral director Mrs. Chas. E. Hicks	Autopsy results  PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director III.S. Unas. III.CKS	Con ( ) .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

pate rec'd by registrar)

JUN 13 1946
BUREAU T S

MARGIN RESERVED FOR BINDING

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33.)



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CERT	IFI	CAT	E U	F D	LA	IH

			m 1
Reg	Dist.	No.	21

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Charles Winfield	Tucker 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Mall White Married  8.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH AND DURATION  21. I CERTIFY this beath occurred on the date above stated; that I attended deceased from 19.46.  and that I last saw have alive on 19.46.  Immediate gause of leath DURATION  DURATI
14. Malden name  15. Birthplace  16. Informant  Address  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director  Address  19. (Date ree'd by registrar)  Registrar  Registrar	(include pregnancy within 3 months of death)  Major findiogs of operations.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Moans of injury  Injured at work?  23. SIGNATURE Autolo  Address / D. S. Dunce Skoye of Bate signed.

JUL 1 1946 BUREAU V S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (28-0)

# CERTIFICATE OF DEATH

05669

Reg. Dist. No.

1. PLACE OF DEATH: and all.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
France Car Bearel Park - P.D. Brackley	State Proasyland. County anne accorded.
City of 10Wiff	Di Bundline
How long in above place of dealth?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Fuensee Branch Rd P.O. Brooklegne.	Street No. Furnaced Branch Road.
- willer suice res 1.0.7 acounty w.	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mr. I rank Joseph Vapra	y.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. Widowed.	20. DATE OF DEATH. 1946 212, 40 A. M
2000 fold 11/1/sh	
6.(b) Name of husband-or wife	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
7. Birth date of	
7. Sirth date of deceased (mo., day, yr.) December - 1867	and that I last saw h alive on the same of
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
78 7 ?hrsmin.	
	10-11-11-1
9. Birthplace (Fown, county, and state)	Due to
10. Usual occupation Blacksmith	Dille the same
	Due to / Light essatal leura 40 lears
11. Industry or business	
12. Name trank Vakroy  13. Birthplace Europe	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	
TOT .	Major findings of operations. //orce
	Date of op.
16. Informant track to Vaktory ( ou)	Antopsy results
Address Furnace Branch Rd - P.O. Brooklyn	
17 beerial Date thereof 6-18-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bbrial, cremation, or removal. Which2) (month) (day) (year)	Accident, suicide, or homicide// D
Cemetery or crematous Charly Rodelines	Where did injury occur?
Location Bully Ma C	Injured at home, farm, Industry, public place (where?)
Stank Brock Hon	Means of Injury Injured af work?
18. Funeral director 910 October 15 5	landane X Faulenbrud.
Address 700 4, Chemin fr	23. SIGNATURE
19. 6-17 19.45 austeland	Address Islew Burnie Wed. Date signed 6/14/46
(Date rec'd by registrar)	Date signed



### CERTIFICATE OF DEATH

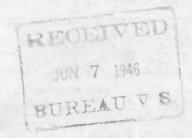
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	Reg. Dist. No.,	O
1. PLACE OF DEATH: Orundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fo newborn Infants give residence of mother)	
( in a see a few mid	State Mary land County Classes Co	undel
City or town. (If outside city or town/smits, write RURAL and give nearest town)	Paradena	
Now long in above place of death?	(If outside city or town limits, write RURAL and give neg	areet town)
Hospital institution, or street address where death occurred:	Stead No.	
Emergency Hospilal	Street No	
How long in hospital or institution2	2.(a) If veteran, name war	*******
3.(a) FULL NAME		NI I
James Harlen	Way. 3. (b) Social Security	Number
4. Sex   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	10
Male White Married	Luce of H	7-0
Q 11 01	20. DATE OF DEATH	., at
8.(b) Name of husband or wife ellean Mal Way	21. I CEPTIFY that death occurred on the date about stated; that I attended dece	क्रम्प रिणा
CA Mallus alusans	formovely exercise at	27 4
7 Birth date of	and that I had say it were	5-11.46
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day		
34 3 /4hrs. mir	1. tracture q Skull	5 hours
a Bishalan Tennessee	0	***************************************
9. Birthplace	Parte:	
10. Usual occupation (disto) Machinist	Herma 9, Pram	Show
	Due to.	
11. Industry or business		** ************************************
12. Name Way  13. Birthplace 7. exp.	Other conditions	* *********************
3. Birthplace / Jenn.		
5 Million Brown	(Include pregnancy within 3 months of death)	
14. Maiden nam Villian Brown  15. Birthplace Tenn.	Major findings of operations.	
≥ 15. Birthplace 7 LNY.		
16 Informan Tellian Mae Way	Autopsy results	>>>====================================
D 1. OOC Dud	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Capadena 4. 4. 0. 19 10	22. VIOLENCE: If death was due to external causes, All in the following;	1-1.1
(Burisi, cremation, or removal, Which?)  (Burisi, cremation, or removal, Which?)  (Burisi, cremation, or removal, Which?)	Accident, suicide, or homicide. December Date of	15/46
Ul. Nelliand		naryland.
Cemetery or crematory	(City or town)	(State)
Location Then Jurise Ma.	Injured at home, farm, Industry, public place (where?)	a reace
Od me Taile la	Means of injury / Tuck aus Bull-Loger injured at work?	year -
1B. Funeral director	1 0 m D 1 mg	vepury,
Address ( Commentation 12.	- Duy M.D.	Evruene
6 46	29. SIGNATURE M. D.	or other
19. Ohte rec'd by registrar)	Address Muastrotus Old Date signed.	6/6/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death crearly and legibly. (1) MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

### CERTIFICATE OF DEATH

05671 Reg. Diat. No.

1. PLACE OF DEATH: Armelal	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newboru infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Magaglatung Countelisane Courtel
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	318 1.21
	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Bertha Weidenk	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jenale White Widow	20. DATE OF DEATH Quine 4 = 19.46, 21.4 P. M
B.(b) Name of husband or wife late Lucliving	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
74 8 24 hrs. min.	undellerrifteld -
	Providing are to some wing
9. Birthplace	Due to.
10. Usual occupation Attusewye	(esteris esterates)
11. Industry or business out Asma	Due to
# 12 Name John Bockmann	Other conditions
12. Name John Jockson	
14. Malden name Duranova 15. Birthqlace Lewry:	(Include pregnancy within 3 months of death)
5 15 Birthplane Lawrence	Major findings of operations
Man 1+ and 1 markets	- Date of op.
18. Informant / 127 Court of Management	Autopsy results
Address w OS D. SV. Skind Burnel De	
17 Berried Bate thereof Fine 7-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory AN Anatal to Tuck On	Where did injury occur?
Location dantimore by	Injured at home, farm, Industry, public place (where?)
Thomas in Amaleton	Msans of Injury Injured at work?
18. Funeral director 1. January 18. Funeral director 1. Januar	1 - x7 1 but.
Address Item Jacobs Price	23. SIGNATURE Sentare 18 tacheroun
19 June 6 19 46 MRNUlla	asystant hudreal Examined, or other
(Date rec'd by registrar) Registrar	Address Lew Course nu Date signed 4



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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CERTIFICA	TE OF DEATH	Reg. Dist. No	
R. PLACE OF DEATH Brundel	2. USUAL RESIDENCE (HOME (For pewborn infants give residence	OF DECEASED:	
Mes abente / Days	State Maryland	County	
(If outside city or town limits, write RURAL and give nearest town)	Baltingo		***************************************
How long in above place of death?	City or town	mits, write RURAL and give near	rest town)
Hospital, Institution, or street address where death occurred:	Streel No. 1510 Boyle	5+.	/
***************************************		give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME		3. (b) Social Security I	Vumber
Dorothy E.	White	217-18-6	624
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		CERTIFICATION	about
Female white Single	2D. DATE OF DEATH.	ue 9 1926	s P.
S.(b) Name of husband or wife	21, I CERTIFY that death occurred on the dale	-1	
	" Postmorte.	19 Jan in at	ore
7. Birth date of	and that I last saw hallyc on		15 19 46
deceased (mo., day, yr.) November 21, 1923.	Immediate cause of death.		DURATION
8. AGE: Years Months Days If less than one day		1	DUINTION
72 6 ZNhrs		rnug	***************************************
		//	*********************
9. Birthplace Balt Moye Ma	Due 10	<i></i>	***********************
10. Usual occupation Packing Dept			
11. Industry or business Mc. Cotmicks + Co.	Due 10		• • • • • • • • • • • • • • • • • • • •
			******************
	Bither conditions		
	(Include pregnancy within	n 8 months of deeth)	
14. Maiden name Mary E. HNACYSON.			
14. Maiden name Mary E. Anderson.  15. Birthplace Baltimole Md.	Major findings of operations		
(24xall VAI M/2: La 10hot	Autopsy results.		
Address 1510 Boyle St. Baltimore Ma	PHYSICIAN: Please underline the cause to		tatistically.
Address Sie Soyle St. Sallinote 110	22. VIOLENCE: If death was due to external	gauses, fill in the following;	101.11
(Burial, cremation, or removal, Whigh?)  Dale lhereof (month) (day) (year)	Accident, eulcide, or homicide,	Ceut Date of C	19146
16 day 4 11	Where did injury occurrent Pasac	lena Buch 7.17.	Marylow
Cemetery or crematory.	(City or tow	( leo sabor	(State)
Location A, G, Co.	Injured at home, farm, Industry, public place	/	7.
18. Funeral director P. Haward Evous	Means of Injury Arowne	Injured at work?	no
We a cold of the Da se	12 m. 4	1. 4 M9 2	pury
Address 400 S. Charles of J. 1000.39	23. SIGNATURE / Duy XN	14 per 111.N. 3	- V Churne
. ( Le as 12 46 aunt trick)	The sales	. M. D. о	rother
(Date rec'd by registrar)	ar Address / Milled Octive	The nale signed.	6/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### 2411 N. Charles St., Baltimore 9400 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County arms Rundel	(For newborn infants give residence of mother)
	State Mary land county Conna area
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Chanapoles
How tong in above place of death?	(If outside city or 1 wn limits, write RURAL and give nearest town)
Hospital, Isturtion, or street address where death occurred:	Street No. 301 West
Comerquey Tospical	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Joseph Daniel	White 3. (b) Social Security Number
4. Sex   Solor or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20
male White married	20. DATE OF DEATH TO THE TOTAL TO THE TOTAL TOTA
11.1 N. +. 1. 21/6.	
8.(b) Name of husband or wife Meless Paniere Vin	21. I CERTIFY that death occurred on the date above stated; that Latiender deceases from
	ears Commerces
7. Birth date of	200 that I last saw ham affice on June 19.44
deceased (mo., day, yr.)  P. A.C.E. Years   Months   Days   If less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	A
31, hrs	nin. Coronary occusion sudde
Mussoli Md.	Due to
9. Birthplace	0 0 3
10. Usual occupation of Management of the South of Contract of Contract of the South of Contract of Co	propan allerous wikes
10. Usual occupations	Due to.
11. Industry or business	
= 12. Name Joseph Daniel Valle	Other conditions.
12. Name bel 14. Birthpage Church bol 14.	
	(Include pregnancy within 3 months of death)
14. Malden name Virginia Webster  15. Birthplace Daskes Quarters, Somewer Co. M.	Major findings of operations.
= 15. Birthplace Varker Guarlers, Songreet W. J.R.	Date of op
18, Informant Helen Hantske White	Autopsy results
18. Intormant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 301 West Ar. Upunter	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Parrial Date thereof January 10-1	77/
(Burlal, cremation, or removal, Which?)  Date thereof	3000001
Cemelery or cremetry Redon Value	Where did injury occur?
Come about : Beid.	Injured at home, farm, Industry, public place (where?)
Location	Meane of injury ( Injured at work? Achest
18. Funeral director John My Jay Con 901	mount of injury
Mann J. Sel	A XI M ( loll, M) medical
Address WWW.	23. SIGNATURE / UMA// TYPY / W EXAMINE
15 June 10 19 46 11 110 June	Dunahar Wed M. D. or other
(Cate rec'd by registrar) Regist	trar   Address Date signed . O
Anguite ter a by regionary	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

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2411 N. Char	les St., Baltimore (15674
CERTIFICAT	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stato
3. (a) FULL NAME Dale W. Williams	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
8. (b) Name of husband or wife	Immediate cause of death DURATION
14. Malden name.  15. Birthplay  16. Informant Julia Williams  Address/6/4/ Slias Mill Road & Sackenten	Major findings of operatious.  Date of op.  Autopsy results.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. (Burial, eremation, or removar, Which?)  Cemetery or crematory  Location  18. Funeral director.	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
Address 254 Cassoll St. Washington -  19. June 25  Date ree'd by registrar)  19. 46  Registrar	23. SIGHATURE Edward / Ritelemin M. D. of other Address 184 Planette ft. Date signed flux 18 1848

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JUL 1 1946 BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /83)

				1
Reg.	Dist.	No.	2	Z.

CERTIFICA	ATE OF DEATH Reg. Dist. No	21
1. PLACE OF DEATH: Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
City or town (If outside city or town limits write RURAL and give nearest town)	State Well County County	
How long in above place of death?	City or town	learest town)
Mospital, Institution, or street address where death occurred:	Street No. 601 30. Mount ford.	, , , , , , , , , , , , , , , , , , ,
	(lf rural, give LOCATION)	1
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Damel Wisnetwal	3. (b) Social Securit	y Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or dispresed whether the same of	MEDICAL PERTIFICATION	-11-
maried maried	20. DATE DF DEATH. 1946	540p
6.(b) Name of husband or wife Kitty Wisniewsky.	21. I CERTIFY that death occurred on the date above stated: Wat attended to	
	POSTMORTEN ENDS	MATURAL.
7. Birth date of Section 4 Control of the section o	ars and the state of the state	19
deceased (mo., day, yr.)  8. A.G.E. Years   Months   Days   If less than one day	Immediate cause of death	DURATION
20	•	
hrsmli	n. Nownie	
9. Birthplace	Due to	*******************************
10. Usual occupation. Blevedore	acciació	****
	Due to	****
11. Industry or business,	_	
12. Name Nactur Wronceusky 13. Birthplace Policies	Other conditions	***
	(Include pregnancy within 3 months of death)	
14. Malden name Fay Poland	Major findings of operations.	
≥ 15. Birthplace	Date of op	
16. Informant Walty Nisniesty	Autopsy results	
Address 6018 monthord an	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
17 Burial Date thereof June 21-4	22. VIOLENCE: If death was due to external gauses, fill in the following:	117/41
(Burial, eremation, or remoyal, Which?)  Bate thereof (month) (day) (year)	Accident, aulcide, or homicide. Accident Date of	1116
Cemetery or crematory	Where did injury occasion (City or town)	(State),
Location Balton Co	injured at home, farm, industry, public place (where?)	reek
18. Funeral director Wary & Fialkourske	Means of Injury Orownung Injured at work?	edut-
Address 200 PEastern and	John DA Class M. D. B.	dedical
16-18 46 author	SIGNATURE M. D. M. D.	or other
19. (Date rec'd hy registrar) Registra	Address Hun agriles Ma Date signed	6/17/46
		/ //

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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of information carefully. The ecses of death clearly and legibly.

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6 3	Lemare :
Supply every item ease write the cau	6.(b) Name of husband or wife.  7. Birth date of deceased (mo., day, yr.)
Supply ease w	8. AGE: Years
UNFADING INK. S ant. Physicians: ple	9. 8irthplaceAnnapo
DING	10. Usual occupation
NFAI tt. Pl	12. NameEdwar
TH U	14. Maiden name
VIV.	15. Sirthplace An
LY, V	16. toformant Mr. Da
PLEASE-WRITE PLAINLY, is especially	17. Burial (Burial, eremation, or ren
ITE	Cemetery or crematoryE
WR	LocationWest St
TASE	Address 45 North
PLE	19 June 6

	-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Anne Arundel Co.	State Maryland countine Arundel Co.
City or town Anna polis Md. (If outside city or town limits, write RURAL and give nearest town)	State Wal Viditu County inte Al united Vo
	City or town Anna polis Md. (If outside city or town limits, write RURAL and give nearest town)
How tong in above place of death? 31years	
12 College Creek Terrace	Street No. 1.2 College Creek Terrace (If rural, give LOCATION)
	2.(a) If veteran, name war
How long 4g hospital or tristitulion?	
3. (a) FULL NAME	3. (b) Social Security Number
Alverta Amelia Woody	212-14-1908
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Col. Married	20, DATE OF DEATH 1976 216 1976
6.(b) Name of husband or wife. Daniel Alque Woody.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased om
6.(c) tf alive, give age32years	(19.17 to 19.18
7. Birth date of	and that I just saw how alive on 1970
deceased (mo., day, yr.) March 19, 1915	Immediate cause of death
8. AGE: Years Months Days If less than one day	
31 2hrs. min.	Triway Carrisma of Vagina 2 gen
Annonalia Wd A A Co	Pue to
8. BirthplaceAnnapolis Md. A. A. Co. (Town, county, and state)	000 10
10. Usual occupation Housewife	
11, Industry or business None	Due 10
12. Name Edward Louis Parker	Biter conditions
12. NameEdward Louis Parker  13. Birthplace Annapolis Md.	Diller Collections.
	(Include pregnaccy within 3 months of death)
불 14. Maiden name. Carrie McGowans	Major findings of operations.
15. 8irthplace Annapolis Md.	Bate of op.
16, Informent Mr. Daniel Woody	
	Autopsy results
Address 12 College Creek Terrace Annapolis Md	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Bate thereof June 6, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Brew Hill Cemetery	Where did injury occur?
Location West St. Extd. Annapolis Md.	injured at home, farm, indusfry, public place (where?)
18. Funeral directors Charles E. Hicks	Meens of trijury trijured at work?
Address 45 Northwest St. Annapolis Md.	An SIGNATURE K. T. Kich av Con)
0. 1111	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Clew of ok 1 md Date signed 6 45

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JUN 7 1946 BUREAU V S

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death charly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1:5672 ( Reg. Dist. No.

County City of town Medical City of town Medical City of town Medical City or town mitter, write RURAL and give nearest town)  Bow long in above place of death?  Hospital, institution, or street address where death occurred:	State
How long in hospital or institution?	(If rural, give LOCATION)
	13. (b) Social Security Number 2/3-03-2/08
4. Sex Male Scool or race White Married, widowed, or divorced Married	MEDICAL CERTIFICATION about  20. DATE OF DEATH  20. DATE OF DEATH  21. A. M.
6.(b) Name of husband or wife College Unit years  7. Birth daie of School College	21. I CERTIFY that death occurred on the date above stated: that attended deceased to the state of the state
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthpiace Ottample Thank Bulta La Mild.	Due to. Drowing.
10. Usual occupation	Due to
12. Name 12. Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Diher conditions
14. Maiden name. Person Joseph 18. Birthpiace Person Joseph 1984.	Major fiedings of operations
Address Melvin And + Old Fired Rd	Antopsy results
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide. Accident Bate of 6/23/44  Where did Injury occur Man Annua Solis 2.77.
Cemetery or crematory Addition and Location Bull Linear Language 11 Language 11 Language 12 Language 1	Injured at home, farm, Industry, public place (where?)
18. Funeral director Easter Sono Address flicalt City M.J.,	Meens of injury who will injured at work? The property of the Mills of
19. On the Control of	Address Date signed 6/26/46